Clinical Lecture
ON THE
SIGNIFICANCE OF UTERINE AND VAGINAL DISCHARGES.

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WE have ranked discharges amongst the most pressing indications for instituting local exploration. In health it may be said that, excepting the monthly discharge of menstruation, there is no escape of fluid from the vagina. It is true that in some women leucorrhœa to a moderate extent precedes and follows the menstrual sanguineous flow; it is also true that, in some, leucorrhœa continues throughout the intermenstrual period without in any obvious way entailing local or constitutional distress. Admitting this, the rational and safe rule in practice still is, to examine in all cases where a discharge at all copious escapes from the vagina attended by pain and signs of constitutional impairment. This may be stated as a general proposition without distinction as to the nature of the discharge. But we will now examine what the discharges are, and what is the special significance of each. And, *in limine*, let us agree upon the meaning to attach to two words which we shall frequently have occasion to use. "Secretion" and "excretion" must be accurately applied. Following continental custom, I shall use the word "secretion" to distinguish the act of separation of the discharge from the free surface of the organs; and the word "excretion" to distinguish the act of voiding from the body altogether. To take an example: the menstrual fluid may be poured out from the mucous surface of the Fallopian tubes and uterus—that is secretion. The escape of the fluid by the vulva is excretion. Excretion is the natural complement of secretion. But the process may stop short at secretion—that is, the secreted fluid may be retained. Thus, if there be occlusion of the genital canal at any point below the os uteri internum, the secreted menstrual fluid will be shut up in the cavity of the uterus and in the Fallopian tubes. There is no excretion, and therefore, apparently, no discharge.

Taking the discharges as they first come under the notice of the clinical observer, that is, after their excretion, they may be roughly classed under the following heads:—1. Sanguineous. 2. Mucous. 3. Purulent. 4. Watery. 5. Membranous. 6. Solid or fleshy. 7. In the case of fistulous openings into the bladder or rectum, urine or fæces may escape. 8. Then there are foreign matters, fluid or solid, which find their way into the uterus and vagina from without. Amongst these may be mentioned semen distinguished by spermatozoa.

If we limited our inquiry to the examination of these discharges when excreted, we should hardly attain to any more precise knowledge than is expressed in the general terms by which we have designated them. We cannot arrive at a certain knowledge of their source, or form a trustworthy estimate of their pathological significance, unless we examine minutely the organs from which they are secreted.

I may state another proposition: almost all the diseases of the uterus and vagina are attended by discharges.

Of all the discharges, the only one which can be called strictly normal is blood; and this is only normal within certain conditions of circumstance, time, and quantity. Previous histological study will lend the most material aid to direct observation in determining the sources and significance of discharges. We may start from the proposition that, with one or two rare exceptions, all the discharges we have to deal with come from mucous membrane, or at least from organs normally clothed by mucous membrane. The discharges will generally bring with them some of the distinctive elements of the part of the mucous tract from which they are secreted. Hence microscopical examination of a discharge will almost always reveal epithelium-cells which tell their own tale as to the region they come from. In this way we can distinguish uterine mucus from vaginal.

The whole genital tract secretes mucus. It is only when excessive in quantity, or altered in quality, that the secretion of mucus acquires a pathological significance.

The natural mucous secretions are:—

1. A whitish mucus from the Fallopian tubes and cavity of the uterus proper. This probably comes principally from the uterine glands. It has an alkaline reaction. It is distinguished under the microscope by the presence in it of columnar ciliated epithelium-cells. In health this secretion is moderate in quantity, and attracts no attention. But in the condition known as uterine catarrh, it is very abundant, sometimes, especially in aged women, accumulating in the uterine cavity, and causing colic pains to expel it. The uterine mucous membrane may also be stimulated to excessive secretion by gonorrhœal infection spreading from the vagina.

2. A transparent viscid mucus in the cervix uteri. This is also alkaline. It consists chiefly of mucous corpuscles, caudate corpuscles, minute oil-globules, and occasionally dentated epithelium, all entangled in a thick tenacious plasma. In health this secretion is rarely formed in such excess as to appear externally, but it is almost always found in the cervix filling up the canal. The mucous plug thus formed is washed away at each menstrual flow; it exists generally throughout pregnancy. Its uses are probably to shut off the uterine cavity, so as to protect it from external agencies, and to form a suitable medium for the passage of the spermatozoa. At the beginning of labour this secretion is formed in increased copiousness, and serves to lubricate the passages, and to facilitate their dilatation. In certain morbid conditions the cervical glandular structure also acquires extraordinary activity, and then the proper cervical mucus assumes the character of a *discharge*. It is poured in large quantity into the vagina, so freely, indeed, as to be a serious drain upon the system, and a source of weakness. It constitutes the most frequent form of so-called "whites" or leucorrhœa. If the speculum be used, it may be seen issuing from the os uteri as a glairy, albuminous fluid, resembling unboiled white of egg. This exaggerated secretion is almost always the consequence of inflammation, more or less acute, of the cervical canal—endocervicitis, or of a condition analogous to catarrh of the bronchial or intestinal mucous membrane.

3. A mucus consisting of plasma, not viscid, but containing multitudes of scaly epithelium-cells. This comes mainly from the external surface of the cervix uteri, labia uteri, and the fundus of the vagina. It is of acid reaction. The proportion of epithelial cells to that of the fluid plasma varies considerably. In some cases the fluid part is so scanty that the secretion adheres to the mucous membrane, covering the os uteri as with flakes, or a layer of opaque yellowish-white friable membranous-looking substance, simulating and suggesting diphtheria. Under the microscope this is found to consist almost entirely of scaly epithelium and oil-globules. In other cases, the plasma being a little more abundant, the secretion looks like cream or pus. But in these cases the microscope reveals the same constituents—namely, scales of epithelium. These forms of secretion depend upon chronic or subacute inflammation of the mucous membrane—vaginitis, not necessarily accompanied with abrasion or ulceration. The puriform mucus, more or less opaque and viscid, varying in tinge from creamy-white to yellowish or light green, is often due to gonorrhœal infection, or to suppuration from surfaces denuded of epithelium and granulating. When due to gonorrhœal infection, the mucous membrane from os uteri to vulva is swollen, angry-red, and painful, and the meatus urinarius partakes of the same character. The creamy form of secretion is frequently found during pregnancy on the vaginal portion of the uterus. It is the result of the active throwing off of squamous epithelium due to hyperæmia.

4. The remaining or lower tract of the vagina secretes an acid mucus. Under morbid states this sometimes contains pus-globules, an infusorium, the Trichomonas vaginalis of Donné, and a fungus, the Leptothryx buccalis of Robin. But these parasites are really mainly due to neglect of cleanliness. Whitehead suggests that the use of the acid of the vaginal mucus is to prevent the coagulation of the catamenial fluid in the vagina. It certainly seems to possess the property of coagulating the alkaline mucus coming from the cervix. I doubt the correctness of Whitehead's theory. It is important that the blood should

not coagulate in the uterus, because clots there cause severe pain and congestion, and are apt to keep up hæmorrhage; but a clot in the vagina is of little consequence. Pus stops coagulation; so does mucus provided the proportion of blood is small. I believe it is the normal mucus which maintains fluidity. Whenever the proportion of blood is greatly in excess it is apt to coagulate.

5. There is a clear viscid secretion from Bartholini's glands, which is discharged in jets during copulation. It has been seen to escape on irritation, expelled by the action of the muscular fibres in the ducts. It is also poured out freely during labour, serving to lubricate the vulva.

6. The small sebaceous and mucous glands of the vulva and labia majora secrete an oily mucus serving for lubrication. This is sometimes increased in quantity, becoming puriform.

We may here refer very briefly to one or two other points connected with mucous discharges. Donné says when the acidity of the vaginal mucus, or the alkalinity of the uterine secretion, is morbidly exaggerated, the spermatozoa are killed. Hence one explanation of the frequency of sterility when there is inflammatory disease of these parts; and of the recurrence of pregnancy when the disease which gives rise to the morbid secretions is cured.

Many years ago* I made the observation that acute exanthemata, as small-pox and scarlatina, which we know affect the whole mucous tract as well as the skin, occasionally left, as sequelæ, vaginitis and leucorrhœa even in children. Graves, Scanzoni, and others have confirmed this observation.

There is a form of leucorrhœa not uncommon in scrofulous children. In such subjects all the mucous membranes are apt to be excessively developed and active. The discharge is chiefly, if not entirely, vaginal and vulval. It is important to bear in mind these sources of leucorrhœa in children, lest we fall into unfounded suspicions that may be suggested to us by others.

Many discharges which to the naked eye cannot be distinguished from pus are really mucous. The microscope discriminates them easily. The distinction is important, because it is generally true that the unbroken mucous membrane of the genital tract does not yield pus. When true pus appears, it is therefore mostly an indication of erosion, ulceration, or abscess. As Virchow has pointed out, all mucous membranes with cylinder-epithelium are little disposed to form pus. The matter which is produced is found on accurate examination to be only epithelium, though it may have a thoroughly purulent appearance. The intestinal mucous membrane rarely produces pus without ulceration. The mucous membrane of the uterine tubes, which is often covered with a thick mass of entirely puriform appearance, shows almost always only epithelial elements.

On other mucous membranes—the urethra, for example—we observe copious discharges of pus without the least ulceration.

The Purulent Discharges.—We have seen that some purulent-looking discharges are in reality mucous, the appearance being due to epithelium-cells, not to pus-globules. When pus-globules in large proportion are found, they indicate generally a breach of continuity of the mucous surface—that is, a granulating or ulcerated surface. When pus escapes in quantities, suddenly at intervals, and sometimes by continuous draining, the source probably is an abscess whose seat is outside the uterus or vagina, as in what is called pelvic cellulitis, opening into the vagina. In such a case examination by touch internally, and externally in the iliac regions, will reveal the extra-uterine disease. The uterus will be felt set fast by surrounding firm plastic effusion. The os uteri will generally be found in the centre of the pelvis, low down, or inclined to one side, if the pelvic peritonitis is chiefly unilateral. This position of the os uteri distinguishes pelvic peritonitis from retro-uterine hæmatocele, which pushes the os uteri forwards, close behind, and sometimes above, the symphysis pubis, and which may also be attended by suppuration.

I have now under my care a case in which pus is voided by the vagina, the origin of which is an abscess in the left hypochondriac region opening into the intestine, and which at a lower part has formed a fistulous communication with the vagina. You thus see how numerous and strange are the sources of pus in the vagina, and that a purulent discharge is no sure evidence of disease of the uterus or vagina. Your exploration must extend beyond these organs.

The watery, sanguineous, membranous, "fleshy," and other discharges we shall study on ensuing meetings.

* Medical Gazette, 1850.

ON THE

FUNCTIONS OF THE SYMPATHETIC SYSTEM OF NERVES, AS A PHYSIOLOGICAL BASIS FOR A RATIONAL SYSTEM OF THERAPEUTICS.

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(*Continued from page* 634.)

SUGGESTIONS IN SUPPORT OF A RATIONAL SYSTEM OF THERAPEUTICS.

IF it be true, as I have attempted to show, that every ganglionic centre of the sympathetic system of nerves has three distinct elements over and above the ganglionic cells, and that each element or nerve-fibre has its own special attributes, I will further endeavour to interpret, by the aid of the experiments and observations which I have adduced, the *modus operandi* of many medicinal agents, and to found upon the knowledge so acquired a rational system of therapeutics.

Take, for instance, the fact shown by M. Claude Bernard, that section of the sympathetic proper induces increased vascularity and elevation of temperature in the parts to which those sympathetic nerves are supplied, together with the fact that there are certain medicines which have the faculty of diminishing vascularity and lowering temperature, and we have at once some reason to suppose that the agents in question have the power either to subdue the force which is set free by the section of the sympathetic, or to increase the force which the sympathetic exercises as a restraining or inhibitory agent.

In some forms of inflammation—and inflammation, in some form or other, lies at the root of most diseases—we have the pathological counterpart of the result induced by section of the sympathetic—a state in which, owing to the loss of the inhibitory influence of the nerve-fibres of Remak, blood-corpuscles penetrate into those minute arterioles through which blood-plasma only should be propelled.

Now in the spurred rye (ergota) we have an agent which produces the very opposite effect. By increasing the inhibitory influence of the nerves of Remak it diminishes the calibre of vessels, and not only shuts out blood-corpuscles from the capillaries, but also the blood-plasma itself, and so restrains many forms of hæmorrhage. M. Brown-Séquard affirms that he has seen a manifest diminution in the calibre of bloodvessels in the pia mater of the spinal cord take place in dogs after they had swallowed large doses of ergota; and in the convulsive ergotism which occurred in Germany in 1770 dry gangrene was a constant accompaniment.

Counter-irritants have a similar effect, but in a modified degree. M. Loven has shown that by irritating the peripheric extremities of sensitive nerves, a reflex influence is produced on the vaso-motor nerves, of an inhibitory character, effecting a diminution of the calibre of vessels.*

At a meeting of German naturalists and physicians held at Innsbrück in 1869, Professor Heidenhain, of Breslau, enunciated the fact, which he had observed from many experiments, that irritation of sensitive nerves produces a rapid diminution of the blood heat.† He also noticed a sensible decrease in the calibre of vessels, and a less frequent pulse.

According to Professor Stilling, "there is a constant reflex influence maintained by a sensitive nerve upon the bloodvessel-nerves." An excitant applied to the extremities of a sensitive nerve induces an increased flow of blood; but if the extremities of a sensitive nerve be destroyed and

* Brit. Med. Jour., June 11th, 1870.
† Ibid., Dec. 18th, 1869.

paralysed, a corresponding reflex action is induced on the motor fibres of the vaso-motor nerves, the ascendancy is given to the inhibitory nerve-fibres of Remak, and a diminished flow of blood ensues.

It has been objected to counter-irritants that no physiological explanation can be given of their action; but M. Loven's demonstration of the effect of irritation of the extremities of sensitive nerves appears to me a good and valid explanation. The observations which I have made on the so-called trophic nerves, and the influence they have on the vital attributes of parts, by increasing or diminishing the supply of blood, have a direct bearing on this interesting subject.

Just as the localised ganglionic centres of innervation have an independent action, and accelerate or retard the vascular function of any organ, so have we medicinal agents which localise their power on some special organ, and excite or restrain the functions of that organ, in a similar manner as does the section of the nerves of Remak, on the one hand, or the section of the motor fibres of the ganglionic centres, on the other.

We know that opium and chloral exert their action on the brain; digitalis and aconite on the heart; mercury and opium* on the liver; turpentine and uva-ursi on the kidneys; phosphorus and bromide of potassium on the organs of generation; &c.

Some of these drugs undoubtedly act on other parts of the body than those with which I have associated them; but for the purpose of suggesting a system of rational therapeutics I have ventured to refer to each as the type of a category in which others may be found to have a more exclusive, though perhaps less positive action.

I have purposely named them in pairs, because I wish to show that each one has an antagonistic action to that with which I have conjoined it: thus, whilst opium stimulates the circulation, and produces an excitement of the motor nerves which often supersedes its hypnotic influence, chloral restrains the blood-current by acting as a powerful sedative to the motor and sensory nervous centres, and so suspends the activity which opium sets up. Opium accelerates the pulse, raises the temperature of the skin, increases the secretions of saliva and sweat, injects the conjunctivæ, and —according to Dr. J. Harley—if these manifestations of vascular excitement are prolonged, as they may be by repeating the medicine, they end in dilatation of the capillaries, general congestion, and imperfect oxidation of the blood; whereas chloral is a powerful sedative to the nervous system. Instead of accelerating the pulse, it reduces its frequency; instead of raising the temperature of the skin, it lowers it; and instead of increasing the secretion of saliva and sweat, it diminishes both.

I will quote one instance out of many already recorded, and from a source which may be the more readily accepted because no theory is sought to be established in the description. In a case of puerperal mania treated by Dr. Head in the London Hospital, two drachms of the hydrate of chloral were given to the patient between 3 P.M. and 6 P.M., after which she slept twenty-four hours. Previous to the first dose her pulse was 120; her temperature 102·4°; and her respiration 30; after the chloral her pulse was 96; her temperature 99°, and her respiration 21; she complained moreover of great thirst.

Now in cases of congestion of the brain, where stupor but wakefulness are the characteristic symptoms, surely it is more consistent with reason to give the chloral hydrate, or conium, than opium to procure sleep. I had a patient the subject of sunstroke, which occurred in Cuba in the summer of 1870. The gentleman came to England suffering from the effects in a state of mental hallucination, perfectly oblivious of having been to Cuba, feverish, and wakeful, and in a condition of constant restlessness. After several days, during which all the symptoms continued, two doses of chloral completely changed the whole aspect of the case. He fell into a state of almost constant sleep, but on waking had glimmerings of consciousness and memory; and in short, somewhat to my surprise and that of Dr. Burrows, whose kind assistance I had, the patient eventually recovered.

Chloral, by diminishing the activity of the motor element of the vaso-motor nerves, appears to give the supremacy to the restraining or inhibitory fibres of Remak, and to diminish the calibre of vessels.

In an able address, read by Professor Laycock before the British Medical Association at Newcastle in 1869, it was shown that "no change in the mind or consciousness can or does take place without a coincident change in the brain"; "that the potential energy of the brain is the greatest of all kinds of vital energy, and *requires a larger supply of blood to maintain it*"; "that much more force as motion is used in mental than in bodily activity in the same time"; in other words, the larger the supply of blood the greater the energy of function. And in what diseases do we find the greatest amount of hyperæmia of the brain? Why in cerebritis and mania, in which the physical results are precisely those induced artificially, by M. Claude Bernard, by section of the sympathetic in the neck, and, in a less degree, by opium. And what remedies have we which induce a directly opposite effect on the cerebral circulation? Chloral, as I have said, is one; and the results of the tentatives, in the way of drugs, by physicians whose attention is directed to insanity exclusively, begin to show that on chloral will they mainly depend in that disease. Need I quote a better authority than that of Dr. Clouston, of Carlisle, who recommends to the Medico-Psychological Association the use of chloral, *to reduce the temperature, to lower the pulse, and to induce sleep*; whilst (says he) opium and cannabis have an opposite effect.*

Conium, when taken in large doses, also acts as a sedative on the motor fibres of the vaso-motor nerves, and produces anæmia of the brain,† as does cicuta virosa, the aconitum napellus, and many of the Ranunculaceæ.

On the other hand, if we are satisfied that a sudden interruption of the nutritive supply of blood to the brain be the cause of an epileptic fit, as Kussmaul and Tenner have attempted to prove,‡ then it would appear that opium or medicines producing directly or indirectly analogous results, should be combined with that which is known to prevent spasm of the glottis, on which the sudden arrest of blood to the brain may depend. I say *directly or indirectly* because I am satisfied that I have often found the addition of digitalis, which stimulates the heart, and induces an efficient contraction of the ventricles, with bromide of potassium, which prevents spasm of the glottis, effective in suspending epilepsy, when the bromide of potassium alone has failed. The oxide of silver, I think, acts precisely in the same way.

M. Du-Bois Reymond attributes hemicrania to spasm of the muscular coats of the arterioles of the brain; and Möllendorf recognises a form of anæmic hemicrania as resulting from irritation of the sympathetic, causing contraction of the minute vessels of the brain. On such theory M. Bornetwick explains the curative action of quinine and caffein, as stimulating the motor fibres of the vaso-motor nerves. In these cases opium is known to be of great use. Möllendorf also describes a form of congestive hemicrania, in which mild galvanism to the sympathetic in the neck is an effective remedy. I suppose the hydrate of chloral would be equally effective.

We have seen that section of the nerves of Remak, which supply the parotid and submaxillary glands, is productive of an increase both in the circulation and secretion of those organs. Stimulation of the motor fibres by the administration of mercury superinduces the same phenomena. The antagonistic result, occasioned by section of the motor fibres, or by stimulation of the sympathetic proper, which go to these glands, is also induced by atropia. This latter alkaloid produces complete dryness of the tongue, roof of the mouth, and soft palate, extending more or less down the pharynx and larynx, rendering the voice husky, and often inducing dry cough and difficulty of deglutition, a parched state of the lips, and, occasionally, dryness of the mucous membranes of the nose and eyes.§ That atropia localises its action in this way on the salivary glands and on the mucous surfaces of the pharynx and larynx, the epithelial structure of which belongs to the category of glands, is proved by the occurrence of the same phenomena when atropia is injected into the subcutaneous tissue in any part of the body. We have therefore medicinal agents which

* The *ulterior* or sedative influence of opium on the sensory nerves is here alluded to.

* British and Foreign Medico-Chirurgical Review, October, 1870.
† Old Vegetable Neurotics (Dr. J. Harley), p. 13.
‡ Kussmaul and Tenner on Convulsions, New Sydenham Society, 1859.
§ Old Vegetable Neurotics, pp. 203-4.

stimulate or restrain the functions of the salivary glands, just as section or stimulation of the different nerves stimulates or restrains them; and I can imagine no other means of accounting for such medicinal action than its influence on the vaso-motor nerves.

When M. Claude Bernard divided the thoracic portion of the gangliated cord in the horse, he found that increased vascularity of the lungs and pericardium, together with serous exudation, were the results. Lobelia and digitalis also induce increased vascularity; but when the sympathetic nerve fibres retain their integrity, it would be unreasonable to expect the blood-stasis which generally results from section of those fibres. Chloral, acetate of lead, and, according to Mr. Blake,* the injection of the salts of soda into the blood, causing contraction of the pulmonary arteries, have the contrary effect.

I have a patient, a lady aged forty, who has occasionally attacks of asthma. Sometimes it assumes the dry form, when she is generally relieved by smoking stramonium until expectoration occurs. Sometimes the disease appears as *humoral asthma* of the old authors, when chloral relieves her quickly. She has once or twice taken chloral in the dry catarrhal attacks, and on each occasion—to use her own expression—has felt as though a tiger had hold of her throat. In the humoral form, if she smokes, the breathing is not relieved, but congestive headache follows for a day or two.

According to Schiff, Rosenthal, and others, very feeble electric excitement of the vagus, below the inferior cervical ganglion, increases the force and frequency of the heart's action, probably by acting on the special cardiac accelerator nerve, which, as M. Cyon has shown, emerges from the spinal cord with the third branch of the inferior cervical ganglion; more violent excitement exhausts the irritability of the vagus, and stops the action of the heart.

Small and repeated doses of digitalis also increase the force and frequency of the heart's action. It may be objected that the physiological action of digitalis on the heart presents certain anomalies; and that some authors have ascribed to it an enervating influence, although others regard it as essentially stimulating. Dr. Sanders, of Edinburgh, was one of the first to affirm that, in small doses, digitalis occasions an increased action of the heart and febrile symptoms generally. Orfila endorsed that opinion, and Professor Christison has added the weight of his testimony to the same. In point of fact, it is now generally admitted that digitalis acts as a stimulus to the heart; producing, where deficient power, irregular action, and dyspnœa exist, a more complete ventricular contraction, a firmer and more regular pulse, and relief from impeded respiration.† During the stimulating influence, secretion is increased, by virtue of the law which I have quoted, as dependent on the distribution of the ganglionic centres of the sympathetic system to every important organ. Where it is an object to enlarge the capillaries, and diminish the blood-pressure within them—and I have alluded to some cases of epilepsy as examples,—it seems but reasonable to give digitalis.

Excitation of the sympathetic trunk alone in the neck (and it may be done in rabbits, in which the vagus and sympathetic run separately) always causes increased blood-pressure, a lowering of temperature, but no alteration in the frequency of the cardiac beats;‡ and such are the effects of aconite. Dr. Wilks has given it in active inflammatory diseases, in acute rheumatism associated with endocarditis, and with satisfactory results. It appears to contract the arterioles, to prevent the accumulation of blood-corpuscles and their filtration through the capillary walls, to lower the temperature, and to abate the symptoms of fever generally. In short, it stimulates the dormant activity of the fibres of Remak, and by so doing diminishes the calibre of the arterioles. It is an interesting fact also that this drug appears to possess some of the attributes of a counter-irritant, for when chewed it produces intense tingling of the lips and tongue, and instances have occurred in which the leaves have blistered the skin. Dr. Fothergill has shown how that digitalis and aconite produce opposite actions.*

I have described how the peculiar innervation of the heart renders that organ capable of regulating its own action, by exerting a reflex action on the widespread vaso-motor nerves of the general circulation.

Fever presents us with a pathological instance of the independent condition of the organs of circulation. With a contracted pupil there is a rise of temperature, the walls of the heart are preternaturally excited, the balance of function is suspended, the motor fibres of the vaso-motor nerves obtain the supremacy, and it is precisely those medicines which depress their function, or which stimulate the fibres of Remak, which are found to be most effectual as remedial agents.

The alkaloid of veratrum, extolled as a remedy in fever by Trousseau and Aran in France, and by Vocher in Germany, has been carefully studied by Dr. Horatio Wood, of Philadelphia, who has determined that it exerts no direct influence on the brain; but that it depresses the functions of the spinal cord and heart, diminishes sensibility, restrains the action of the vaso-motor nerves, renders the respiration slower, and reduces the temperature of the body.†

We have the testimony of Dr. J. Harley that belladonna localises its action on the sympathetic nerves; that in moderate doses it induces a tonic and slightly contracted condition of the whole of the circulatory tubes, accompanied by increased force and frequency of the heart's action. "The blood," says he, "is equally distributed, and the circulation in any given part is so *tight* and rapid that it really contains a little less blood than when in a quiescent state, and the tissue is consequently a little paler. But the quantity which passes through it in a given time is generally increased."‡ After the use of moderate doses these effects are maintained throughout. Hence it suggests itself as a remedy in fever, and the more so as, being eliminated by the kidneys, it increases the secretion of urine. According to Dr. Meuriot, it also increases the secretion of bile, and predisposes to perspiration.§ Mr. Christopher Heath, who has found it useful in fever, states that it reduces vascularity by diminishing the calibre of small vessels. We have seen how it exercises a direct action on the salivary glands.

Chloral, also, as a sedative to the sensory and motor nerves, reacts on the vaso-motor nerves, lowers the temperature of the body, diminishes perspiration, and relieves the symptoms of fever generally, except that, like atropia, it does not allay thirst;‖ and that is perfectly consistent with its action generally of diminishing secretion. May not the apparent discrepancy in the fact that atropia increases abdominal secretion whilst chloral diminishes it, yet that both are beneficial in fever, be explained by the stimulating influence of atropia on the fibres of Remak and by the sedative action of chloral on the motor fibres of the vaso-motor nerves? If so, we have remedies for fever generally, yet calculated to meet contrary exigencies in the course of that disease. It has been said that chloral was used in some of the French ambulances during the late war as a remedy against pyæmia, and this faculty, I apprehend, can depend only on the fact that, by deadening the influence of the motor fibres of the vaso-motor nerves, it virtually puts the fibres of Remak in a condition to occlude the minute vessels.

(To be concluded.)

* Edinburgh Medical and Surgical Journal, vol. liv., pp. 341-346.

† Cases illustrative of such influence are given by Dr. B. D. Taylor, of the Bellevue Hospital, New York, in the New York Medical Journal for Nov., 1870; and Dr. Milner Fothergill, in the Hastings Prize Essay for 1870, has shown that digitalis is a member of a group of agents possessing such qualities. See also the British and Foreign Med.-Chir. Review, July, 1871: "Digitalis and Heart Diseases"; by Balthazar W. Foster, M.D., Professor of Medicine in Queen's College, Birmingham.

‡ Gmelin's Pflanzengifte, p. 717.

* Hastings Prize Essay, 1870.

† American Journal of Medical Sciences, January, 1870.

‡ Dr. J. Harley; The Old Vegetable Neurotics.

§ Dr. Meuriot: De la Méthode Physiologique à l'Etude de la Belladonna.

‖ Bulletin Général de Thérapeutique, Nov. 30th, 1869.

ON the 7th inst. a public meeting was held at the Assembly Room, Blaenau, Festiniog, for the purpose of presenting Mr. R. Roberts, surgeon to Oakeley's Hospital, and Festiniog Slate Quarries, with a testimonial as a token of the regard in which he is held by the inhabitants, and in appreciation of his valuable services rendered as a medical practitioner. The testimonial consisted of a purse containing £220, along with which an address was presented, together with a book, elegantly bound, containing the names of the subscribers from half-a-crown upwards. The spacious room was densely crowded, and it was one of the most numerous meetings witnessed in Festiniog.

ANALYSIS OF 11,000 CONSECUTIVE CASES OF SKIN DISEASE.

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(*Continued from page* 673.)

Of the functional affections of the sebaceous glands there were 31 illustrations, representing three forms of derangement—namely, seborrhœa, comedones, and milium. Under the head of seborrhœa, of which there were 13 instances, are classed those cases in which the sebaceous glands were abnormally active, and in which, as a consequence, an excessive quantity of sebaceous matter appeared on the surface in the fluid form or in the shape of oily crusts.

The term "comedones," of which there were 17 examples, refers to accumulations of hardened sebaceous matter in the ducts of the sebaceous glands, or in the hair-follicles communicating with them, their presence being indicated by little black specks upon the skin, due to admixture of the sebaceous matter on the surface with particles of dust. Cases in which these accumulations became complicated with inflammation of the skin in their vicinity have been classed under the head of acne.

Milium, for which only one patient came specially for advice, but which was met with incidentally many times in patients complaining of other forms of skin disease, differs from comedones in this respect, that, owing to an obstruction in the duct of the gland, the latter, in whole or in part, becomes distended with sebaceous matter, thus forming a little pearly-looking, elevated spot upon the surface.

Functional affections of the sudoriparous glands were more rarely met with, there having been only six cases, all of which were examples of hyperidrosis or excessive perspiration, and in one at least of these the perspiration was accompanied by fetor. The following extract from a note received from a surgeon in England affords a good instance of this disagreeable affection:—"I suffer from axillary perspiration to a very disagreeable extent; so much so that often when I am walking about seeing patients my shirt and coat in the region of the axilla are perfectly wet. This occurs even in the coldest day. My skin in other parts is remarkably free from perspiration. I need hardly say that I observe the most perfect cleanliness."

It may be well in this place to refer to that extraordinary complaint improperly termed ephidrosis cruenta, or bloody sweat, for it is not a perspiration at all, but an exhalation of blood from the pores of the skin. The rarity of this affection is proved by the fact that it only occurred once out of the whole 11,000 cases. It is unnecessary to give more than a mere outline of this case, as it, along with similar cases, was fully described by the writer in the *Journal of Cutaneous Medicine* (vol. i., page 328). The patient, a young lady fourteen years of age, was seen by me at the request of Dr. Mason, of Ayr, in the summer of 1866. The parts implicated were the face, arms, front of the chest, and legs. The hæmorrhage occurred from round erythematous patches of eruption, which were remarkable for their symmetry. One was on the brow, another on the chin, and one on each cheek. On the front of each arm also there were four in a row, two on each upper arm and two on each forearm. A similar arrangement was observed upon the sternum and upon the legs. One of the most marked peculiarities of the hæmorrhage was the suddenness of its invasion. An oval or round red ring, varying from the size of a shilling to that of a crown, formed almost instantaneously, and the redness quickly spread inwards over the enclosed skin. As soon as seen the patches appeared as if the cuticle had melted away, and the surface was quite wet. Sometimes the exudation was like water at first, and changed into blood; at other times, and especially on the face, the patches were at once covered with a complete dew of blood. The hæmorrhage did not, however, consist merely of the dew of blood; that was only at the outset: it was actual bleeding, as from a cut, the blood sometimes streaming down the face or other part attacked. There was rarely more than one attack each day, although sometimes the bleeding occurred from two separate portions of skin simultaneously. It is very curious to note that the outbreak *generally* occurred at the same hour each day—namely, at 11 A.M., but it did not seem to be under the influence of mental or bodily excitement, or to be induced by taking food or stimulants. It was evident that the hæmorrhage was dependent upon defective and irregular menstruation—that, in fact, it was a case of vicarious menstruation; and accordingly it yielded, in the space of three or four weeks, to remedies directed against the latter disorder.

Of pigmentary disorders of the skin there were 11 cases, including three different forms of disease—namely, ephelis, melanopathia, and vitiligo. As these terms have been variously used by dermatologists, it may be right to explain the meaning that is attached to each in the present classification.

By ephelis is meant an excessive deposit of pigment in the mucous layer of the epidermis, giving rise to brown patches of various shapes and sizes, such as we so frequently observe upon the brow of the pregnant female. Of this there were six cases, three amongst the 1000 private, and three amongst the 10,000 hospital cases.

There was only one case classed under the head of melanopathia, by which is meant an irregular and streaky deposit of pigment giving to the surface a marbled appearance. This condition is most frequently met with upon the legs as the result of long-continued exposure to the heat of the fire; but it occurs in its most typical form in persons tainted with syphilis. Such cases, however, of which a good many presented themselves, are classed under the head of constitutional syphilis.

In vitiligo, of which four cases came under observation, there is not so much an excessive deposit as an irregular distribution of the pigment, so that variously shaped, unduly white patches, at the edges of which the skin is unnaturally dark, are presented to view.

It may be well at this time to refer to a case which, as far as known to the writer, is unique, in which the symptoms were at first identical with those of tinea decalvans (alopecia areata), but subsequently with vitiligo. A young lady, aged ten, healthy-looking, and born of a sound stock, consulted me on June 30th, 1870, on account of round and of irregular bald patches on the head, the latter being due to the coalescence of neighbouring round ones, and implicating, in all, about one-half of the head. The case, in fact, presented all the naked-eye characters of tinea decalvans, the disease due to the presence of the microsporon Audouini; but, unfortunately, no note was taken at the time as to the result of the microscopic examination of the hairs. She was recommended to regulate the bowels with simple aperients, to take small doses of wine of iron and Fowler's solution, and, after shaving the head, to sponge it night and morning with a lotion of perchloride of mercury (four grains to the ounce). On July 28th all the bald patches were thickly clothed with hair, which, as is usual in cases of tinea decalvans when the hair first reappears, was white, owing to the absence of pigment. So far there was nothing unusual in the symptoms until Dec. 23rd, when the patient again visited me. The hair was then perfectly healthy, but as white in the sites of the previous bald patches as on the 28th of July, the scalp in these situations being likewise devoid of pigment. She then showed me what had appeared, about a fortnight previous, on her shoulders and back—namely, round and oval white spots from the size of a crown downwards, the skin at the edges of which was deeply pigmented. In fact, she now presented all the characteristic symptoms of vitiligo.

Vitiligo is in most cases either a congenital or nearly congenital deformity; but there are exceptions to this rule, as in the following case:—

Mary M——, aged twenty-seven, domestic servant, came to the Glasgow Dispensary for Skin Diseases on the 27th January, 1869, on account of a discoloration of the skin. Without questioning, she volunteered the following statement as to the origin of the disease: "About eight years ago, whilst working in a hay-field, I was struck on the back of the head by a fellow-worker so forcibly as to drive a hair-pin into my head." About a year after this her attention was called by a companion to a patch of grey hair on the back of her head; and, on close examination, the scalp in this situation was found to be white in colour. Shortly

after this she noticed many white spots on the sides of her neck. On examination of the patient, a swarthy-looking Irishwoman, the following appearances were noticed:—On the occipital region and upper portion of the neck, in the median line, the hair, to the extent of nearly four inches in length and two in breadth, was quite grey, and the skin from which it grew of a clear white tint; while at the edges of the patch, which were irregular in form, the skin was much darker than the healthy skin in the vicinity. On the sides of the neck above the clavicles were two patches, four inches long and one broad, presenting exactly the same characters minus the hair. Similar patches, varying in size from a threepenny-piece to a florin, were seen on the chest and right arm. Her general health appeared to be excellent. The formation of new patches, which was going on at first, was arrested, and some improvement in the existing ones was observed, under the influence of Fowler's solution in small doses continued for some months.

Of simple atrophy of the skin there were three cases, two of them occurring in hospital and one in private practice. All of them were very circumscribed. In two of them the atrophy consisted of a narrow, white, depressed line, extending from the supraorbital notch nearly perpendicularly over the brow along the track of one of the branches of the supraorbital nerve. In the third case the atrophy implicated small irregular patches of skin upon the leg, brow, upper lip, and neck below the right ear. This is evidently a neurotic affection, but in none of the cases alluded to could any satisfactory explanation be given of their occurrence.

Among the 90 cases of functional disorder of the hair or hair-follicles, 29 of which occurred among the private patients, there were four different forms of disease—namely, alopecia, hirsuties, fragilitas crinium, and canities.

The term "alopecia," of which there were 74 examples, is used in this classification, as it should always be, in a very restricted sense. Thus, when the scalp is attacked by erythema, the hair often comes away in great abundance; but here the alopecia is merely one of the symptoms of erythema (or pityriasis, as it is generally termed). When the poison of syphilis enters the blood, the hair frequently falls out; but this is merely one of the manifestations of syphilis. When lupus attacks the head, it destroys the hair-follicles and leads to permanent baldness; but the alopecia here is merely one of the consequences of the strumous disease. And, lastly, when the microsporon Audouini attacks the hair, it produces bald patches; but this is only one of the symptoms of tinea decalvans. Such cases are classed under the respective heads of erythema, syphilis, lupus, and tinea decalvans. Idiopathic alopecia usually occurs as the result of debility—during convalescence from a fever, for example; although it is sometimes hereditary; and occasionally, as I shall endeavour to point out when referring to the pathology of tinea decalvans, a purely neurotic affection.

There were seven cases of hirsuties, five of which occurred among the private cases. By this is meant an excessive development of hair in unusual situations, especially in females. There is much difference of opinion as to the proper advice to be given to such persons. Some recommend the extraction of the hairs, under the belief—which is shared in by many members of the profession, even the most distinguished—that when a hair is extracted along with its bulb, it does not grow again. But this is the worst recommendation of all; for not only does it grow again, but the stimulation of the epilation makes it grow with greater vigour than before. The treatment of hirsuties therefore resolves itself into the regular employment of the razor or of a depilatory. The latter is certainly to be preferred, provided the agent used is carefully selected. In doing so, we should aim at securing an application which is efficient without being irritating; and the remedy which I have found to fulfil these conditions in a satisfactory manner is composed of—sulphuret of barium, a drachm and a half; oxide of zinc, six drachms; carmine, one grain: this is mixed with a sufficient quantity of water to form a paste, which is smeared over the hairy part; in three minutes it is washed off, and the hair comes away with it.

The next disease of the hair, which has been named "fragilitas crinium" by Wilson, and of which five cases came under observation, is little known to the profession. The whiskers and moustache are more frequently affected than the hair of the head. The affected hair is marked by a variable number of white spots, and after it grows a certain length it has a tendency to break at one of these points. On microscopic examination, it is found that the white spots are partial fractures of the hair, their nutrition being evidently defective, and their elasticity proportionately impaired.

Of canities, or decoloration of the hair, there were four instances, all of which occurred amongst the 1000 private cases. One of these is specially worthy of note. This was the case of a gentleman in the prime of life, and apparently in good health. The affection was of some years' duration, and implicated the hair of the left upper eyelid and most of the hair of the left whisker, which was quite white. The affection of the eyelid was complete within a few days from its commencement, the whiteness appearing first at the inner angle of the lid, and rapidly extending outwards. No cause could be assigned by the patient, unless anxiety in starting a new business. In some cases the discoloration is hereditary; thus I am acquainted with a gentleman who has jet-black hair with the exception of one lock of grey in the occipital region, who informed me that his father and grandfather presented the same peculiarity. In other cases the whiteness of the hair is merely to be regarded in the light of premature disappearance of the pigment, such as occurs in the natural course of events in aged persons.

(*To be continued.*)

THE

IDENTITY OF LIFE IN ITS EARLIEST MANIFESTATIONS.

BY ROBERT HAMILTON, F.R.C.S.,

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(*Concluded from p. 675.*)

THE contents of the three sets of jars described in my last paper were separately tested for the first time four days after being put up. A drop from each was examined under the microscope, first with a magnifying power of 400 diameters, and then with one of 1000 diameters. In only the first set—those in which the various decaying materials were fully exposed to light and air—could any life be discovered; and in all the jars of this set, monads, vibrios, and bacteria were found present in greater or less numbers. In two days the three sets of jars were re-examined, and it was found that the same life had begun to appear in the third set—namely, in that in which the infusions were put in stone instead of glass jars, having a cover upon them, and placed in a dark closet; whilst much of the life in the first set had become still and motionless, but here and there a larger body moved about in it. At the subsequent examinations of these two sets similar appearances in each presented themselves; showing that the exclusion of light and air, which was not total, had only had the effect of retarding for a time the appearance of living things. In the third set the uncovered glass jars, in which portions of the same substances had been immersed, but to which different preservative solutions had been added—carbolic acid, sulphurous acid, sulphate of copper, chromic acid, petroleum, and hydrocyanic acid,—no change has taken place up to the present time except in one instance. The water is clear, there is no smell, no pellicle on the surface, and a drop examined under the same powers as before mentioned reveals no life. The exception is the infusion to which the hydrocyanic acid had been added. A drop from this presented the same appearances on the fourth day as a drop from one of the jars of the first set; showing that the quantity used—one drop to 500 drops of infusion of a certain strength according to the formula of Dr. Dougall—had not the power to prevent the progressive changes which occur in an ordinary infusion.

It is needless to occupy space by relating a further set of experiments in which a still larger number of substances were infused and placed in one of the rooms of the medical institution a few days before the meeting took place at which this paper was read (October 20th). These were

then examined; and it will suffice to say that though in a small proportion of the infusions no life was visible, it was only in those most recently prepared (Oct. 15th and 17th); that in the remainder (Oct. 13th) the same life appearances were manifested in varying degrees—that is to say, the active moving bodies varied considerably in quantity, being abundant in some, sparse in others; but there was no diversity in their form. Higher powers on this occasion were employed, and some of the infusions were examined under a power of 1800 diameters.

I come now to describe a set of experiments in which further precautions were taken to prevent the possibility of the life being derived either from atmospheric germs alighting upon the infusions, or from the water itself being the source of them. For this purpose water recently distilled, and afterwards tested as to its purity, was obtained from the Liverpool Apothecaries' Company. With this, two glass jars, Nos. 1 and 2, were filled nearly to the top. Into No. 1 was put a piece of fresh meat; into No. 2 a few rose leaves. They were then covered with filtering paper, and the latter was pressed down to the sides of the glass. Into two other jars, Nos. 3 and 4, a portion of the same substances was put, distilled water being also used; but they were left uncovered. In a third set, Nos. 5 and 6, filtered water was used with the same substances, the glasses being closely covered with filtering paper. Lastly, in a fourth set, Nos. 7 and 8, the filtered water was used with the same substances, and they were left uncovered. Nos. 1, 3, 5, 7 contained the meat; Nos. 2, 4, 6, 8 contained the rose leaves. All were placed in a room near the window. They were not examined until the tenth day. In No. 1 a few motionless monads and vibrios could be seen, and numerous active transparent corpuscles swam through the fluid. In No. 2 the monads and bacteria could be seen, some of them moving; but only two of the rounded corpuscles similar to those in No. 1 crossed the field. No. 3 presented a very large number of the rounded corpuscles, with numerous lifeless vibrios and bacteria. In No. 4 the monads and bacteria preponderated, and were very active; and a few amœbiform bodies were seen. Similar appearances in Nos. 5 and 7; whilst in Nos. 6 and 8 the chief things observed were lifeless vibriones.

The result, therefore, is, that the exclusion of air and the purity of distilled water made no difference in the development of life; it appeared in the usual forms in all the infusions.

That the germinal matter from which arise in progressive stages the animalculæ seen in a drop of infusion of meat is not derived from the atmosphere is now pretty well established by the investigations of numerous other writers on this subject. I need only refer to Dr. Hughes Bennett's paper in the *Popular Science Review* for Jan. 1869, and to the more recent report of Dr. Burdon-Sanderson concerning the Intimate Pathology of Contagion, for confirmation of this statement. Professor Bennett goes so far as to say that the molecules seen on the surface of infusions out of which animalculæ and fungi are produced are not derived from the air. Dr. Burdon-Sanderson, with the caution which characterises all his statements, says it is clear that, as regards the former (microzymes or animalculæ), the germinal matter from which they spring does not exist in ordinary air; and in another place he states that he has arrived at the inference that water is the primary source from which the germinal particles of bacteria are derived, whenever they seem to originate spontaneously in organic solutions. This latter conclusion does not agree with that at which Bennett arrived, for he declines to admit that they necessarily pre-exist in the fluid.

The preceding experiments and some others lead me to the conclusion that the microzymes in No. 1 glass were derived from the disintegrating meat, and not from the air or water; but that these two elements were necessary and indispensable adjuncts to the growth and development of life, and that the primordial cell, the molecule, the germinal matter—call it by what name we choose—came from the disintegrating mass at the bottom of the glass. In the same manner would I explain the life first observed in the vegetable infusion No. 2, its origin being direct from the leaves.

That ordinary water does contain the germinal matter of animal and vegetable life is probably true. We have only to consider its sources: the surface of the earth is but a mass of decaying animal and vegetable matter, through which all the water we use has probably percolated, and were it not for the number of agents destructive of it, evolved in the workshops of nature, to which allusion will presently be made, active germinal matter would abound far more largely in air and water than it does.

Again, how far germinal matter, which is so extremely minute that no lens can render it visible in its earliest forms, can be destroyed by extreme heat is doubtful. That much of it can be so rendered inert has been shown in the experiments of Pouchet and Pasteur, but this is all that can be said. Dr. Crace Calvert, in a recent paper, says it requires a heat of 400° to destroy, or rather to prevent the development of, germinal matter. Be this as it may, we are still forced to the conclusion that the derivation of the germinal matter of microzymes and fungi can be no other than pre-existing matter, whether we look for it in the grosser materialism which we place in an infusion and study day by day as it disintegrates under the action of air and moisture, or search for it in the water of the streamlet which has carried it away when separated from the dead organism of which it once formed a part.

To establish the identity in appearance of the first forms of life which manifest themselves in animal and vegetable infusions was the object of the experiments which have been related. Molecules (which have been here called monads), vibriones, and bacteria were the only visible moving atoms to be found at the end of forty-eight hours in the infusions. This was demonstrated most clearly in September, when the changes occurring in decaying organisms are more rapid. Professor Bennett's account is so thoroughly in accord with what I have myself observed that I prefer referring to it for an account of the changes which take place during succeeding days. Dr. Bennett says: "It may frequently be observed, on again examining the fluid in which these bodies have been moving actively, that they are all motionless, evidently dead. This occurs at various periods. They now rapidly disintegrate, and thus a second molecular mass or pellicle is produced. In this rounded masses may be seen to form, which strongly refract light. These soon begin to move. It would occupy too much time to follow the development of all the forms that may arise. They always originate long after the primary vibrios are produced."*

Other observers have probably noticed the same facts. A paper in the last number of the *Microscopical Journal*, entitled "The Monad's Place in Nature," by Mr. Metcalfe Johnson, is directed to the subject. It is true that in the higher forms which appear after the third or fourth day there are seen certain developments in the vegetable infusion which are not found in the animal, and *vice versâ*; but when molecular life first becomes apparent in either it is in the form of monads, vibrios, and bacteria, and from these latter the divergence commences.

The short-lived existence of these three forms, or at least of as many of them as do not coalesce to pass into other and higher forms, is another point to be noticed, but upon which I must not now dwell. It bears, however, upon the last point, upon which a few words must be said; because these experiments, and still more so those of Dr. Dougall, have brought into greater prominence the important fact that there is an almost infinite variety of substances existing in nature which have the power of arresting the development of germinal matter. If we take almost at random a few substances, such as sulphate of copper or carbolic acid, and, by the addition of a minute quantity of either to an infusion, can keep, as it were, *in statû quo* the substance infused, how great must be the undiscovered number of agents that are playing this part unknown to us. Dr. Dougall has had no difficulty in finding nearly a hundred bodies possessing the power of preventing putrefactive changes. The mode in which they effect this has yet to be learnt. The minute quantity of many of them which is required is another point of great interest. And, lastly, their bearing upon those diseases which seem to have an infusorial origin is one in which we must take the highest interest.

In conclusion, I venture to say that the one great fact which these experiments tend to prove is, the existence in every highly developed organism of two lives: a life resident in every atom of the structure, however complex; and another life for which we fail to find an expression. But the latter is the life which keeps together the structure as a

* Popular Science Review, No. 30, p. 54.

whole; it is the life that selects the nutrition best suited to its individual self; it is the life that has to do with the continuation of its species; lastly, it is the life to which the *molecular lives* which make up the structure are subordinated, and when this nameless life departs, these myriad lives, no longer co-operating, start on an independent course.

SLOUGHING OF THE CORNEA IN CONNEXION WITH DISEASE OF THE FIFTH NERVE.

BY C. S. JEAFFRESON,
ASSISTANT-SURGEON TO THE NEWCASTLE-ON-TYNE INFIRMARY.

THE influence of the fifth nerve upon the nutrition of the eye has been investigated by many physiologists; and Magendie, Longet, and others, have shown that destruction of this organ follows its division. It is rare, however, in practice to meet with cases which illustrate the pathological bearing of these experiments; and in few of our text-books on ophthalmic surgery do I find disease of the fifth nerve assigned as a cause of ulceration of the cornea. It is my belief that this neurotic origin of corneal disease is not unfrequently overlooked; and yet, when once the attention is directed to it, its symptoms are found to be very striking and peculiar. The extent of the disease—the curious, dry, leathery appearance of the sloughing cornea—the purple colour of the ocular tunics—are quite different from what is seen in ordinary inflammatory affections. The absence of secretions—the almost entire absence of pain and the tolerance of light, however intense—are very characteristic; and when to these symptoms are added the complete anæsthesia of the cornea and an absence of sensation in the whole of the conjunctival surface of the globe and lids, a picture is drawn which it is not difficult to recognise.

I am afraid it is useless to speculate as to the exact nature and locality of the changes which, in the case I have reported below, gave rise to the lesion of the eye. Many physiologists assert that it is through the medium of the sympathetic that the fifth nerve influences the processes of nutrition; and experimental physiology has shown that removal of the superior cervical ganglion of the sympathetic is followed by the same train of symptoms, as far as the eye is concerned, as division of the fifth nerve. In my case the patient's chief complaint was of a pain deep in the neck in the region of the ganglion above-mentioned; and its value as a symptom was much enhanced by his having made this statement quite spontaneously.

G. B——, aged forty-three, a foreman in a large boot-making establishment, came to me under the following circumstances:—Three weeks ago, on awakening one morning, he observed the sight of the right eye was dim. Two days after this the ocular tunics became slightly vascular. On the third day a speck made its appearance on the centre of the cornea; and upon the ninth day the whole of the cornea had become quite white. I saw him on the fifteenth day, and found the eye in the following condition:—The conjunctival epithelium and anterior elastic lamina of the cornea had sloughed, with the exception of a small portion round the extreme edge; its fibrous laminæ had become converted into a dead-white leathery substance, which could be stripped off in fine layers. The conjunctiva was of a muddy purplish colour; there was slight chemosis, but a remarkable dryness of its surface and of that of the cornea. The whole of the globe and the inner surface of the lids was *completely anæsthetic*—so much so that he was unconscious when they were touched, or an irritant solution was brought in contact with them. There was partial anæsthesia of all parts supplied by the cutaneous nerves of the ophthalmic division of the fifth; and the anæsthesia was complete over a small space covering the right malar bone. He has no pain in the eye, but says it feels numb. There is no intolerance of light, and he can just distinguish the position of the window. There are few subjective symptoms. Occasionally he says he is attacked by a kind of trembling sensation, which commences in the pit of the stomach, and gradually extends to the limbs; and he has at times a rather severe pain at a spot deep in the neck, between the angle of the jaw and the sterno-mastoid muscle. His tongue is furred; and I observed that he had lost all the molar teeth upon the right side. The man has always had plenty to eat and drink, has never suffered from any constitutional disorder, and is free from cardiac, pulmonary, or any other disease that I can ascertain. The right eye is good, and the fundus normal.

Newcastle-upon-Tyne, Oct. 1871.

CASE OF

STRANGULATED OBTURATOR HERNIA, COMBINED WITH REDUCIBLE FEMORAL HERNIA;

SLOUGHING OF THE GUT, PERITONITIS, AND DEATH.

BY A. J. NEWMAN, M.R.C.S. ENG., L.R.C.P. EDIN.

THE following case, occurring in the practice of Mr. Matthew Brumell of Morpeth, is one which, from its complications, presents points of sufficient interest to induce me to lay it before the readers of THE LANCET. When the symptoms remained unrelieved after the reduction of the femoral hernia, it became a question as to whether an operation ought not to be performed in case of there being any small strangulated portion of gut remaining in the femoral canal. In consequence of the complete absence of either swelling or tenderness, however, it was resolved not to resort to such a proceeding. The length of time elapsing between the advent of urgent symptoms and death is worthy of note.

M. S——, aged seventy-three, was seen on the 4th of November, 1870, and found to be suffering from a strangulated femoral hernia on the right side, with considerable tenderness over the tumour, and pain in the belly, right thigh, and knee. She had suffered from hernia many years, and had before come under treatment with the same results when unable to reduce it herself. She had refused to wear a truss. The hernia was reduced by the taxis without much difficulty. The symptoms of obstruction did not, however, disappear after this reduction. The pain, uneasiness, and constipation continued; and on the 7th vomiting of stercoraceous matters in large quantities came on. These symptoms remained unabated until the patient's death, which took place on the 19th of November (the sixteenth day after the accession of the hernial attack). Increase of pain, with more marked tenderness of the belly, was present for the last fifty or sixty hours preceding dissolution.

Autopsy, fifty-four hours after death.—On opening the abdomen, the intestines in the right iliac fossa were seen to be of a darker colour than in the other parts of the cavity, and had some partially organised lymph over their surface and that of the omentum. The abdominal cavity contained a small quantity of thick dark-yellow fluid, evidently feculent in character. The femoral ring was patent, and the finger could with ease be pushed into it. At about sixty inches from the cæcum a portion of the ileum was adherent to the abdominal wall, and was found to be drawn into a pouch of peritoneum, which protruded through the upper and inner corner of the right obturator foramen. Here it was firmly retained, requiring some considerable amount of pulling, and at last pressure from the femoral side of the foramen, to dislodge it. Not more than an inch of intestine was strangulated, and this was found to be of a dark plum colour, perforated at its jejunal end by an opening admitting a small goose-quill. The intestine above the strangulated portion contained air and fluid, whilst below it was flaccid and empty. The point of the little finger could be passed into the hernial sac with difficulty. A corresponding small sacculus of peritoneum was found to exist in the opposite foramen.

Windermere, 1871.

CASE OF DEAFNESS OF TWELVE YEARS' DURATION;

PERFORATION OF BOTH MEMBRANÆ TYMPANORUM, WITH MUCOUS ACCUMULATION; TREATMENT, WITH GOOD RESULTS.

BY WM. VAWDREY LUSH, M.D. LOND., F.R.C.S.

THE following case well illustrates the utility of the treatment advocated by Mr. Hinton, of Guy's Hospital, and by Mr. Dalby.

E. F——, aged fifteen years, has been deaf for twelve years; but it is stated that once in two years she hears remarkably well for a day or half a day.

First seen by me November 1st, 1870. With either ear she only hears watch in contact. Left meatus much sodden. Membrana tympani opaque; below and to the right a granulating-looking surface. Right meatus, a similar appearance; the granulating surface looks as if situated on the membrane. On the patient inflating the Eustachian tube, air passed through both membranæ tympanorum; proving the existence of an aperture in both. Hearing distance after inflation: Right ear, one inch; left, seven inches. Ordered the following powder: bicarbonate of soda, two ounces; loaf sugar, one ounce;—a teaspoonful to be mixed in a tumbler of water, and a third part to be drawn up through the nose into the back part of the throat, and spat out through the mouth. This to be done three times a day. After each time patient to blow her nose well. (For this treatment I am indebted to Mr. Hinton.) Both meatus to be syringed three times a day with the same mixture, and then dried carefully.

Nov. 4th.—Hearing distance: Right ear, three inches; left, twelve inches, faintly.—7th: Right, two inches; left, fifteen inches, faintly.

On clearing the discharge from the right meatus, I distinctly saw a raspberry polypus nearly entirely obstructing the view of the membrana tympani. I removed the greater portion of this polypus piecemeal at different times, generally applying powdered talc afterwards. The patient still continued the use of the lotion.

Feb. 9th, 1871.—Hearing distance: right ear, nine inches, faintly; left, thirteen inches. Air passes through both membranæ tympanorum.

I last saw the patient on March 24th. With either ear she could then faintly hear my watch at ten inches' distance. She was said to have a cold, air not passing through the ears; otherwise could hear better.

On the 2nd of the present month (November) the mother of this patient called upon me, when she informed me that her daughter could hear "almost better than other persons."

Weymouth, Nov. 6th, 1871.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. IV. Proœmium.

LONDON HOSPITAL.

CASES UNDER THE CARE OF MR. HUTCHINSON.

Dislocation of both ends of the Clavicle.—The patient had been caught between a locomotive engine and a railway platform as he was about to spring on to the latter, and was turned "round and round like a nine-pin" until the engine had passed. He sustained, besides severe bruises and an injury to one foot which necessitated the performance of Syme's amputation, dislocation of both extremities of one clavicle. As he lay on his back scarcely any difference could be noticed between the clavicles of the two sides; but when pressure was made on either end of the dislocated bone the other extremity rose perceptibly and protruded the skin. Mr. Hutchinson did not propose to adopt any other treatment than to keep the patient on his back.

Abscesses following violence to the Nose.—A youth had received, a few days previously, several violent blows on the bridge of the nose; and, when we saw him, presented two inflamed swellings of equal size, symmetrically situated on either side of the bridge of the nose in such a manner as to extend its transverse measurement to about an inch and a half. Mr. Hutchinson said that the only case he had observed to present a similar appearance in that position was one of exostosis of both nasal bones. He directed that the abscesses should be laid freely open.

Phagedænic Sloughing of the Penis.—Another case was that of a deaf and dumb man, twenty-three years of age, who presented a good example of phagedænic sloughing of the penis. The slough had apparently eaten its way inwards from the neighbourhood of the frænum, and had created a cleft which threatened the integrity of the urethra. He had only just been admitted, and, to guard against infection, Mr. Hutchinson gave instructions for his immediate removal to a separate ward, and expressed his intention of adopting treatment by immersion. The patient was to be kept night and day in a warm hip-bath at a temperature of 80° or thereabouts, according to his comfort, and was to be made to wipe away from time to time with cotton-wool the portions of slough and discharge of pus-cells which would be cast off. After this treatment had been persevered in for a few days, he thought that the immersion would only need to be practised for a few hours at a time in the course of a few more days.

Speaking of this form of disease, Mr. Hutchinson said that, of all known morbid processes, the primary syphilitic ulcer had the greatest power of developing phagedænic ulceration *de novo*. If this complication occurred during the first week after inoculation, it might destroy the specific syphilitic ulcer, just as nitric acid does sometimes when applied within that period, and so prevent constitutional infection; but that when it supervened later it could not be reckoned to have any such effect; indeed, some of the severest examples of secondary affection he had ever seen were presented by patients in whom phagedænic sloughing had come on in the second or third week after inoculation. With regard to the various modes of arresting the phagedænic process, he thought that, perhaps, the direct application of nitric acid was the most certain and rapid in its action; he had no hesitation in pronouncing it to be a more effectual remedy than the actual cautery.

Photophobia in inherited Corneitis relieved by Setons.—A lad had been admitted with well-marked interstitial corneitis accompanied by great intolerance of light, although he had for a considerable time been taking anti-syphilitic remedies. A seton was therefore introduced into each temple, and when we saw the patient a few days later, not only had he discarded the shade which had before been indispensable to his comfort, but he could, with a slight effort, face a window without blinking. The decrease of photophobia was out of all apparent proportion to the abatement of the actual disease of the cornea.

A form of Caries characteristic of inherited Syphilis.—Another of the cases to which Mr. Hutchinson drew attention was that of a man, thirty years of age, the shape of whose forehead and teeth indicated an hereditary syphilitic taint. For years he had suffered from a carious condition of the tibia, which presented the following distinguishing features: it was distributed in black patches, and had existed for several years without either yielding to treatment or leading to necrosis. These conditions, Mr. Hutchinson said, he had never observed in any but syphilitic patients, and only in those whose taint had been inherited.

A diagnostic mark of Rheumatoid Arthritis.—In several patients who were suffering in a greater or less degree from chronic joint inflammation of rheumatoid character, Mr. Hutchinson pointed out a crescentic crest, or lip, which grows on the tuberosities of the femora, near the edge of the articular surface, and following the curve of its border. It can best be felt when the knee is flexed. The value of this sign is the greater that it is often found developed to a degree which enables the surgeon to detect its presence without difficulty some time before the patient received any warning of the impending arthritic mischief.

ST. BARTHOLOMEW'S HOSPITAL.

A CASE OF TYPHOID FEVER COMPLICATED BY HÆMATURIA AND PROSTATIC ABSCESS, LEADING TO EXTRAVASATION OF URINE.

(Under the care of Dr. ANDREW.)

FOR the following notes we are indebted to Mr. P. Butler Stoney, house-physician.

A sailor, thirty-five years of age, a man of intemperate habits, who had had a slight attack of dysentery twenty years previously in India, was admitted with the following symptoms. He had a confused, stupid appearance; the tongue was tremulous, glazed at the tip, and elsewhere furred; the hands also were tremulous; the abdomen was distended, tympanitic, marbled with enlarged superficial veins, and presented special tenderness in the left iliac region. The patient was made aware of something being wrong with him when, a week before admission, while carrying a load, he was suddenly seized with a sharp pain, which darted from the left iliac region to the shoulder. This pain had not left him on the day of admission, and, from the day when he first felt it his health and strength had rapidly declined. He was placed upon two and a half grains of the soap-and-opium pill every six hours; and, for the first two days, the temperature ranged between 100° and 101° F., the pulse from 80 to 84. On the third night he manifested violent delirium, but his temperature and pulse on the following morning were 98·8° F. and 68 respectively. He was ordered half a drachm of sal volatile in decoction of bark four times daily, and ten ounces of wine. On the fifth day the delirium remained unabated, the pulse was 100, the temperature 104·2° F., and the character of the evacuations left no question as to the nature of the disease. Ten drops of dilute hydrochloric acid were ordered to be given in water every six hours. In the night the temperature rose to 106° F., the pulse to 108. After an hour and a half of wet-sheet packing, the former had fallen to 103·6°, the latter had risen to 120. On the following day both the urine and evacuations were darkened by the presence of blood. It was some days before the blood entirely disappeared from the urine, which presented the characters usual in renal hæmorrhage. On the twentieth day, the pulse and temperature having fallen four days previously, a swollen, red, and tender spot was found over the pubes, and the scrotum and perineum were observed to be similarly affected. Suitable incisions were made by Mr. Langton, and the patient expressed much relief. He, however, died twenty-eight hours later.

At the post-mortem examination, cheesy nodules were found at the apices of the lungs. The convolutions of rather more than the last foot of small intestine were adherent to each other and to the pelvis, and the last three feet of its inner surface were studded with numerous ulcers. The remainder of the small, and the whole of the large, intestine were healthy. In the kidneys, and confined almost entirely to the cortical portion, were found numerous small white nodules, none of which were wedge-shaped, but some of which were elongated, and arranged perpendicularly to the cortex, and others were irregularly formed. An abscess cavity, through which the urine had escaped, was found in the prostate gland.

PROVINCIAL HOSPITAL REPORTS.

NATIONAL HOSPITAL FOR SCROFULA, MARGATE.

CASES OF JOINT DISEASE, THE RESULT OF NEIGHBOURING NECROSIS, IN WHICH A SEQUESTRUM WAS REMOVED FROM THE AFFECTED JOINT, OR FROM A COMMUNICATING CAVITY.

(Under the care of Mr. KNIGHT TREVES.)

IN reference to the following cases, Mr. Treves observes that they serve to illustrate the value of time and patience in the conservative treatment of cases in which disease of the bones entering into the formation of a joint leads to involvement of the joint itself; and show that where the natural process of repair has so far advanced as to separate the sequestrum, it only remains for that to be removed in order that the recovery may be spontaneously completed. On account of the youth of the patients, details could not be ascertained with much exactness, but the average period required for the separation of the sequestrum appeared to be eighteen months.

John G——, aged eleven, suffered from diseased knee-joint with necrosis of the lower end of the femur of the left leg, and necrosis of the lower end of the right tibia. According to his account, he was seized eleven months previously with rheumatic fever, which was followed by abscess about the knee-joint, and since then he suffered great pain and was unable to leave his bed. On admission he was in a very anæmic and exhausted state. There was considerable bony enlargement of the lower half of the left femur. The knee-joint on that side was swollen and inflamed, the skin red and traversed by enlarged veins, and there was great pain on every attempt to move it. A sinus on either side led to exposed bone in the lower end of the femur, and gave exit to a plentiful discharge of pus. The left leg was firmly contracted at the knee to less than a right angle. There was necrosis of the lower end of the right tibia, with openings leading to exposed bone. After five months' residence a great improvement had been effected in the condition of the patient. The limb had been gradually straightened by means of a back splint modified by Mr. Clouting, the resident surgeon, in such a manner as to prevent the tibia from becoming dislocated. Sequestra also had been removed from the right tibia, and the inflammatory condition of the knee had subsided. Mr. Treves then made an incision about two inches in length, somewhat below and on the inner side of the joint, and without much difficulty removed in three fragments a large sequestrum, which had become separated from the lower end of the shaft of the femur. It was between two and three inches long, and about one inch in diameter, and corresponded to the lower third of the shaft of the femur; passing downwards, it had been discharged through the condyles and the knee-joint. The limb was placed on a M'Intyre splint. In thirteen days the knee had recovered from the effects of the operation. In a fortnight more the deposit and enlargement about the joint had, to a great extent, been absorbed; the wound had nearly healed, and movement could be made without pain. The limb was placed in a leather splint, and the boy was allowed to get about on crutches. Three months later a small sinus remained open on the inner side of the joint, but there was no exposed bone in the femur, though a little could still be felt in the right tibia. The patient could bear weight on the limb, and the knee was reduced to nearly the natural size. The patient's health was quite re-established.

Charles S——, aged seven, was admitted with disease of the right knee-joint with a sinus in the popliteal space. Nothing more definite could be ascertained than that the limb had ailed something for twelve months. The boy was somewhat anæmic, the knee enlarged and painful on firm pressure, and the limb contracted to an acute angle. There was a sinus at the back of the joint leading to exposed bone. After rather less than nine months' residence, Mr. Treves removed, through an incision along the inner side of the tendon of the biceps, a sequestrum from the back of the outer condyle of the femur, at which point the cavity of the bone had been in communication with the joint. The leg was placed on a M'Intyre splint. In twenty-eight days the wound had entirely healed, a leather splint was applied, and the boy went about on crutches. Three months later the knee-joint had become very much smaller. It was entirely free from pain, and the boy was enabled to walk on it with comfort. He was then discharged.

Henry F——, aged ten, was admitted with disease of the left hip-joint. No history could be elicited. He was found to present considerable swelling of the joint, with pain on movement. There was a sinus on the front and outer side of the thigh leading to exposed bone in the joint. He was weak and ill. In eight months and a half he had so far improved that the joint would bear some amount of movement. The exposed bone could be felt to have become separated; and a sinus, which commenced on the outer side of the femoral artery, passed beneath that vessel to the inner side of the joint. This sinus was enlarged by an incision, and, with the aid of a pair of long narrow forceps, a small irregular sequestrum, about the size of a die, was re-

moved from the inner side of the joint. The wound healed shortly after the operation; and in about four months the boy was able to use the limb, and, being very greatly benefited in health, he was accordingly discharged.

Henry H——, aged seven, was admitted with disease of the left ankle-joint. No history could be obtained. He was pale and weak. The ankle was much swollen and very painful on movement, and sinuses on each side led to exposed bone. A metal back splint was applied. The ankle-joint, having been kept at perfect rest for more than seven months, became much quieter, and the general health improved. A piece of necrosed bone was found to have become detached; the opening on the outer side was enlarged, and through the joint a small sequestrum, which had separated from the lower end of the tibia towards its fibular side and which lay in contact with the joint, was removed. The wound had perfectly healed five weeks after the operation, and the child commenced gradually to use the foot. He was in good health and able to walk with ease rather more than four months after the operation.

WORCESTER GENERAL INFIRMARY.

TWO CASES OF OVARIOTOMY.

(Under the care of Mr. SHEPPARD.)

For the following notes we are indebted to Mr. Charles E. Hardyman, house-surgeon:—

Eliza D——, a stout, florid woman, aged fifty-four, married, was admitted for the thirteenth time suffering from ovarian disease. She first began to undergo abdominal enlargement four years ago, and, after an interval, four and a half gallons of fluid were drawn off. Afterwards she was tapped twelve times at irregular intervals, but latterly the reaccumulations had taken place very rapidly. The average quantity of fluid taken away on the last six occasions was sixty pints. She had had eight children. The catamenia appeared regularly; and, as she was in good general health, Mr. Sheppard decided to perform ovariotomy. There were considerable adhesions to the anterior abdominal wall and to the great omentum, but none to the intestines. The tumour consisted mainly of one large cyst, with several smaller ones. After it had been tapped, it readily turned out, and the pedicle, which was rather broad, was secured by two silk ligatures, which were cut short and left in the abdominal cavity. No hæmorrhage followed. The wound was brought together by deep and superficial silk sutures, and dressed with carbolic oiled lint. One grain of opium was passed into the rectum. The patient rallied well from the operation, and had no sickness. She required a suppository of opium for three nights, and the catheter at intervals for six days. After being fed with nourishing enemata for three days, she began to take food by the mouth. The sutures were all removed on the sixth day, and the wound rapidly healed, suppurating a little superficially. She made a rapid recovery without a bad symptom, and left the infirmary quite well at the end of two months.

Sarah H—— was a small, delicate-looking girl of nineteen. She first noticed a swelling of the abdomen twelve months prior to admission. It first appeared on the right side, and latterly had increased rapidly. She was unable to lie down in bed on account of her breathing, but, though very thin, was in fair health. The catamenia appeared every fortnight. Not more than two pints of fluid could be withdrawn by paracentesis, and, after an interval of a few days, Mr. Sheppard decided to remove the tumour. This was found to consist of a considerable number of small cysts, and could not be turned out until a number of these had been tapped and the abdominal incision enlarged. There were no adhesions except to the omentum. The pedicle was secured by two silk sutures, which were cut short and left in the abdomen. No hæmorrhage followed the operation. The wound was dressed as in the foregoing case, and the same quantity of opium was introduced into the rectum. No vomiting ensued; suppositories were employed for two nights, and the catheter was passed from time to time for three days. Nourishing enemata were administered for two days, and then food was given by the mouth. The wound was dressed on the fourth day, and some of the sutures were removed; the remainder were taken away on the seventh day. The wound was suppurating a little at the time. The patient suffered no pain from the first, and having made a rapid recovery, in the course of which she gained flesh, she left the hospital a month after the operation.

Medical Societies.

MEDICAL SOCIETY OF LONDON.

MONDAY, NOVEMBER 6TH, 1871.

DR. ANDREW CLARK, PRESIDENT, IN THE CHAIR.

Dr. LICHTENBERG communicated two cases of Rhinoplastic operations. Mrs. K——, the first of the two patients, had been for some time under the treatment of Mr. Bäumler, at the German Hospital, as an out-patient for tertiary ulceration of the nose, and, being discharged cured, was sent to him for surgical improvement. On examination he found that the septum, the entire left ala, and also almost the entire right ala were destroyed. She was admitted into the Tottenham Training Hospital, and operated upon on 23rd March, 1871. He took two flaps from the forehead, but unfortunately he was under the impression that he could not obtain a sufficiently large flap without encroaching considerably on the scalp, and he merely formed the two alæ with the intention of providing the septum from the upper lip at a future time; but he found that the nostrils, or rather the nostril, contracted to such a degree that he did not consider it warrantable to produce a new deformity with the doubtful prospect of a tolerably good septum. The second case came under his treatment in the Tottenham Hospital, and was useful in showing what large doses of iodide of potassium could do when given in these particular cases. The patient had been at different hospitals without deriving any benefit, but directly this remedy in large doses was given the improvement was well marked, and the ulceration rapidly healed. He waited some months to see whether the disease was thoroughly subdued, and operated on the 6th April, 1871. The whole nose, with the exception of some rudiments of nasal bones, was destroyed, as was shown by a drawing made before the operation. He therefore had to form a very large flap from the forehead, but the skin contracted more than he anticipated, and he thought that in these cases the flap can scarcely ever be too large provided it can be made with safety to the patient, and without creating a larger deformity in order to improve a smaller.

Mr. FRANCIS MASON remarked upon the interest of the cases; none could help admiring them. When the pedicle was taken from the centre of the nose, the supply of vessels was scanty. Was the flap applied to a raw surface or to an ulcerating one? In a case at the Westminster Hospital he had made three small flaps, one above the aperture and the others from each side of the aperture, turned these over the opening, and laid the flap forming the nose, and taken from the forehead, over them. After his discharge some slight ulceration had taken place at the tip of the nose. Now the nose was broader, and not so symmetrical as those shown.

Mr. W. Adams, Mr. Davy, and Mr. de Méric also joined in the discussion.

Dr. LICHTENBERG, in reply, said that he had made this as a casual communication, and not as a paper, and therefore it was as short as possible.

The PRESIDENT, in thanking Dr. Lichtenberg, said his was a model communication, being short, practical, and well illustrated, both by the drawing and, above all, by such excellent living specimens.

Mr. THOMAS BOND then read a paper "On Urethral Rheumatism," a full abstract of which will appear in our columns. His deduction was that urethral rheumatism is a slow form of pyæmic poisoning, due to the local disease of the urethra, and that when the discharge is thoroughly and permanently stopped, the rheumatism may soon be cured, and has no tendency to return, except by access of a fresh urethral discharge.

An animated discussion took place, in which Mr. Adams, Mr. Brudenell Carter, Mr. de Méric, Mr. Davy, and Dr. Carpenter took part.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, NOVEMBER 7TH, 1871.

MR. JOHN HILTON, PRESIDENT, IN THE CHAIR.

THE PRESIDENT opened the proceedings by expressing his regret that his duties as one of the examiners of the Royal College of Surgeons often prevented him from presiding at the Pathological Society's meetings. He begged to offer his apologies to the members for this seeming negligence, which he assured them was far from being intentional on his part.

Dr. PYE-SMITH exhibited a specimen of Cystic Dilatation of the Kidney. The patient from whom it was taken was a young man, a farrier by trade, who in the course of last summer was suddenly seized with a sharp attack of diarrhœa, and on the following day noticed for the first time an abdominal tumour, for the relief of which he went to Guy's Hospital. On admission, the left hypochondriac region of the abdomen was found to be filled with a solid mass, which was dull on percussion and gave a doubtful sensation of deep fluctuation. About two years previously the patient had been kicked in the left side by a horse, and had suffered in consequence from a slight attack of hæmaturia. The sudden appearance of the tumour seemed to point to hæmorrhage as the most probable cause of it. The patient died during the past month, exhausted by hectic and diarrhœa. At the post-mortem examination, the left kidney was found to be composed of a number of cysts communicating with each other, around which the true kidney substance was expanded. An old stricture of the left ureter was found an inch and a half below the pelvis of the kidney. Dr. Pye-Smith suggested that the ureter had probably been torn by the kick which the man had received two years previously, and, a stricture resulting, had thus given rise to the cystic dilatation of the kidney.

Dr. DICKINSON could hardly conceive a blow on the side rupturing the ureter without causing serious and evident damage to the superficial structures. Calculus was by far the most common cause of this condition of kidney, and a calculus might very readily, and as a matter of fact often did, form and escape without the patient being in the least aware of it.

Dr. HARE objected to the use of the word "cystic" in this case. It was not a cystic kidney at all, but merely a dilated kidney. He did not agree with Dr. Dickinson that a calculus had been the probable cause of the condition in the case in question. This form of kidney was very common without calculus. He had seen it result from a simple twist of the ureter.

Dr. THOROWGOOD also thought that these kidneys were of common occurrence without calculi.

Dr. MURCHISON remarked that Mr. Stanley had recorded cases of sacculated kidney resulting from injury. He thought that it was very unlikely that in this case the lesion of the ureter was due to a calculus, because the ureter was nowhere dilated.

Dr. PYE-SMITH replied to the various observations, and consented to strike out the word "cystic" in his description of the kidney.

Mr. SQUIRE exhibited a specimen of Tuberculous Ulceration of the Intestine, from a patient who had had also some tuberculous consolidation of the lung, for which he had been treated and apparently cured by the use of quinine.

Dr. POWELL wished to know if any of the tuberculous deposit in the lungs was of recent origin. This point was important as bearing upon the curative or non-curative powers of quinine in such a case.

Mr. SQUIRE thought that the lung mischief was none of it recent, but expressed his willingness to have the matter submitted to the judgment of experienced microscopists.

Mr. HULKE remarked that when a deposit of tubercle occurred at two distinct points, as, for example, in the lung and in a bone, it was very common, if one deposit was removed by surgical means, to get the deposit which remained increased and aggravated.

Dr. KING exhibited a Heart the seat of considerable endocarditis, and a Spleen in which was an unusually large infarct. The patient from whom these organs were taken was admitted into the Middlesex Hospital in August last, suffering from weakness and dyspnœa. He had had an attack of acute rheumatism six years previously. On the 29th of August he was suddenly seized with violent pain in the left hypochondrium, and on the 29th of October he had an attack of apoplexy of which he died on November 4th. At the post-mortem, besides the diseased conditions exhibited, there was found extensive softening of the anterior lobe of the right hemisphere of the brain. No embolus was anywhere detected in the middle cerebral artery.

Dr. LEARED quoted a similar case, in which the arteries of the circle of Willis were found very small and contracted, but no plug could be detected.

Dr. KING, in reply to Dr. Bäumler, stated that no embolus was found in the splenic artery.

Dr. MURCHISON had seen many such masses occurring in the spleen and other organs, without any indications of embolism. The tendency to coagulation in these cases must be due to the blood state.

Mr. HULKE exhibited four specimens of Epithelioma. The first case was that of a large cauliflower mass growing from the arm of a man, aged sixty-four, a farm labourer. In early boyhood his arm had been crushed by a waggon, and, in consequence, there was a large scar on the arm, causing flexion and deformity. One point of the scar was always tender, and from it there grew a "wart," which he had been in the habit of occasionally cutting away with his pocket-knife. The epithelioma gradually grew. There were no enlarged glands in the axilla. The arm was amputated, and the patient did well. The second case was that of an epithelioma growing from an old scar on the back. The patient was a middle-aged woman. The scar was the result of a burn when seven years old. There were no enlarged glands, and no cachexia. The tumour was excised, and the patient did well. The third case—one of ulcerated epithelioma of the tongue—came under Mr. Hulke's care in 1867. The tongue was removed, but the cancer returned in the floor of the mouth, and the patient died. This patient's condition was of twenty years' standing. At first his tongue was covered with patches like wet wash-leather, and it was regarded as a case of ichthyosis linguæ. Three years later he was troubled with little buttony masses over the tongue, and these, when they got inconveniently big, he was in the habit of cutting with a razor. Ultimately the condition drifted into epithelioma. The patient was a healthy fireman. There was no history of syphilis. The fourth case was also one of epithelioma of the tongue, and resembled the former in beginning in the form of leathery patches, which the patient was in the habit of cutting with a razor. The tongue was removed by the écraseur; one of the old-fashioned many-stranded wire-cords was used, and absolutely not a drop of blood was lost during the operation. The patient made a good recovery. Mr. Hulke had brought these cases before the Society because he considered they tended to show that epithelioma was a local and not a constitutional disease.

Dr. EDIS, from observations on epithelioma of the uterus, had come to the conclusion that it was strictly a local disorder.

Reviews and Notices of Books.

Lectures on the Principles and Practice of Physic. Delivered at King's College, London, by Sir THOMAS WATSON, Bart., M.D., F.R.S., Physician in Ordinary to the Queen, &c. In Two Vols. Fifth Edition, revised and enlarged. London: Longmans, Green, and Co. 1871.

[CONCLUDING NOTICE.]

THE second volume opens with general observations on Diseases of the Thorax, and then goes on to discuss them separately. We may incidentally mention that Sir Thomas Watson, when treating of Hay-asthma, alludes to the great benefit that he has sometimes observed from the administration of the liquor arsenicalis in doses of from three to five minims, as suggested by Dr. Mackenzie. The lecture on Pneumonia need not detain us. As corroborative to some extent of Dr. C. J. B. Williams's explanation of minute crepitation we may say, however, that the sounds may be very closely imitated by pressing together a piece of the india-rubber sponge sold in shops and then allowing it to

expand again—an illustration, if we remember aright, first pointed out by Dr. Austin Flint. The article on Pleurisy cannot be considered abreast with the latest information. Conspicuous for its absence, in the treatment of pleuritic effusion by paracentesis, is the name of Bowditch. In discussing Pulmonary Hæmorrhage, Niemeyer's observations and views are, of course, referred to. Sir Thomas Watson considers that, if *tubercular* disease is ever a direct consequence of the retention of blood effused in the lung, there must have been a constitutional predisposition to tubercular deposit. The subject is too large for discussion in this place. Circumscribed suppurative degenerations of lung-tissue apparently often follow hæmoptysis; and we think, as the result of our own clinical observation, that Niemeyer was probably right in asserting that bronchial bleeding may not only precede, but *cause* the development of consumption. The subject of Phthisis Pulmonalis is discussed by the light of modern doctrines concerning tubercle; and the researches of Villemin, Simon, Sanderson, and Dr. Wilson Fox are briefly, but clearly, put forward; the views of Dr. Andrew Clark are also dwelt upon. It cannot, in our opinion, be too strongly laid down that under the term phthisis pulmonalis several forms of destructive lung disease are embraced which present points of difference from one another; and that some of these depend for their development, much more than others, on the operation of external conditions—as bad air and defective hygiene—rather than upon hereditary or constitutional predisposition. To the morbid anatomist their anatomical lesions are often sufficiently distinct; but to the physician these varieties present this point of agreement—that they all lead, by way of chronic ulcerative disease of the lung, to death. Only there is this practical lesson to be learnt—namely, that some forms are more amenable to treatment than others, and that a correct estimate of the nature of the disease in a patient will repay the care and trouble taken to form it. The two ways in which pulmonary emphysema may be produced, as pointed out by Sir William Jenner and Dr. William Gairdner respectively, are lucidly explained in the lecture on Pulmonary Emphysema. On one occasion we had a demonstration of the truth of Sir William Jenner's explanation in the person of a very emaciated young woman in whom the apices of the lungs, during violent paroxysms of coughing, could be seen and felt swelling out the tissues of the neck behind and above the clavicles. Sir Thomas Watson's remarks under the head "Symptoms occasionally manifested in Rheumatic Carditis" are worthy of being studied. It is probable, we think, that the symptoms in some of these cases may be referred to the action of an increased blood-temperature on the nervous system. It occasionally happens that insanity (melancholia) follows an attack of acute rheumatism. Whilst upon the subject of acute rheumatism, we would mention one thing which has struck us about its treatment by alkalies in large doses—namely, the relatively increased anæmia and prolonged convalescence often noticed in patients treated on this plan. Sir Thomas Watson, speaking of pericarditis, makes this remark upon the white spot about which so much has been written:—"Strange fancies have been entertained about this familiar white spot. It has been called the soldier's spot, and attributed to friction produced by the bending posture of the men in marching under the load of their knapsacks. But the spot is in no way peculiar to soldiers; nor, if it be independent of inflammation, have I any plausible explanation to give you of its source." In the account of thoracic aneurism, we do not see any allusion to the occasional occurrence of contracted pupil—a symptom of some significance and physiological interest. In the lectures on Diseases of the Stomach, we are glad to observe that the instructive case related by Dr. William Hunter with so much simple force has been retained. Sir Thomas Watson's views on Cholera need not detain us, for they are well known. He has unreservedly adopted those of his successor in the Chair of Medicine at King's College, and we confess that we regret it; for, spite of their plausibility and the clearness with which they have been put forward, we do not believe that these doctrines are destined to withstand the test of observation and criticism, any more than the practice they indicate has found favour with practical men of experience in India and elsewhere. It is very well to lay down a rule "not to give the opiate until the morbid poison and its products have for the most part escaped"; not to close the door until "the enemy has been expelled." There is such a thing as closing the stable door after the steed has been stolen, and the "last enemy" may often appear before the other enemy has been expelled. We do not see that any reference is made to some late observations as to the condition of the stomach in several of the exanthematous fevers—in scarlatina, for example; and, now we are upon this subject, we may add that we should be glad to have the state of the gastric mucous membrane and its glands carefully examined in fatal cases of Addison's disease, for it is possible that the gastric symptoms and anæmia so commonly witnessed in this disease may, in great part at any rate, be attributable to morbid alterations of that organ, analogous to those pointed out by Dr. Fenwick. The lectures on the subject of Worms have been nearly rewritten. We are glad to perceive that it begins to be generally allowed in this country that hepatic abscesses are not invariably metastatic, and that they cannot be always attributed to the results of dysentery. Abscess of the liver unconnected with dysentery is not a very uncommon disease in Ceylon, India, and elsewhere. Of course we do not for a moment intend to imply that Dr. Budd's explanation of the connexion between dysentery and abscess of this organ is incorrect; we only assert that it does not embrace all, or anything like all, the cases of abscess that occur in tropical climates. Since the publication of the lectures we have received some important additional information on the sugar-forming properties of the liver from Dr. Dalton, which have a direct bearing on diabetes, and the milk treatment of that disease has of late found some strong advocates. We never considered our author's treatment of Bright's disease as among the most favourable specimens of his handiwork. Sufficient importance has not been given to some subjects, such as the use of the thermometer in disease; and, as we have said, others have been altogether omitted, or treated in a very cursory manner. But for all that, we end as we began, by declaring that there is no text-book of the kind with which we are acquainted that is so healthy in its tone, so pure in its style, so graphic in its history of cases, and altogether such pleasant reading as "Watson's Practice of Physic."

De Béthencourt: Nouveau Carême de Pénitence et Purgatoire d'Expiation, à l'Usage des Malades affectés du Mal Français ou Mal Vénérien. Traduction et Commentaires, par ALFRED FOURNIER, Professeur Agrégé de la Faculté de Paris, Médecin des Hôpitaux. pp. 95. Paris: Victor Masson. 1871.

DR. FOURNIER is well known as one of the most eminent syphilographers of Paris. His works are in the hands of all those who take interest in venereal diseases, and Ricord is no doubt very proud of his talented pupil. Never was a specialist less open to the reproach generally addressed to those who select a separate branch of practice—viz., imperfect general medical knowledge, and narrow views as to human ailments. Dr. Fournier is a hospital physician,

and assistant professor at the Faculty; these titles at once silence such a reproach.

But from the book before us, and from the same author's translation of Fracastor's poem on syphilis, we find him also an elegant writer, a most attractive commentator, and a man of high literary attainments. Naturally enough, he has selected for his labours the authors who, since the fifteenth century, have, in verse or prose, published works bearing on venereal diseases. Quite lately we have called attention to labours of a similar kind, published by Mr. Gaskoin, respecting the writings of Villalobos on the same disease. (THE LANCET, April 1st, 1871.)

Dr. Fournier has undertaken to publish a select collection of the old syphilographers. Independently of those above mentioned, we are to have Jean de Vigo, Thierry de Héry, Leonicenius, Torrella, F. de Villalobos, Ulrich de Hutten, N. Massa, Fallopius, Fernel, &c.; so that, in time, there will be a peculiar charm in studying these old writers in the abstracts, selections, and commentaries of M. Fournier.

Béthencourt's book, which we have just read with considerable pleasure, is extremely quaint, and was published (1527) so soon after the first appearance of the disease that his views are extremely important. The title is very strange, "The Lent of Penance," meaning the penance of forty days' fast necessary for the guaiacum cure; and the "Expiating Purgatory" being the mercurial cure which introduces into the frame a tormenting agent. These eccentricities, says the commentator, should be forgiven, in favour of the remarkable diagnostic and therapeutical views contained in the book, which are the more interesting as the author wrote three centuries and a half since. Béthencourt very distinctly states that the mode of contamination is mostly sexual, and that hereditary taint may be its consequence. He, moreover, distinguishes very clearly the immediate and remote symptoms of the complaint, even separating the remote manifestations into those which are nearer or further distant from the primary sores. This ancient author adds, as is stated in our days, that the very late signs of the malady seem to lose the contagious character. The reader is, moreover, surprised to see very distinct allusions to visceral syphilis.

Dr. Fournier follows the author through the descriptive and etiological portions, and gives the reader such appropriate commentaries respecting the present state of syphilidology as might be expected from a man so thoroughly versed in the knowledge of venereal complaints. The therapeutical section is extremely valuable, showing to what prolonged restrictions and severe treatment the patients would, *at that period*, submit. The virtues of mercury and guaiacum are contrasted in a manner peculiar to the age in which Béthencourt wrote—viz., in the shape of a *dialogue* between the two substances, each vaunting and lauding its own advantages.

The translation of Fracastor, with copious comments, had already placed Dr. Fournier in the ranks of those physicians who evince refined literary tastes. The book on Béthencourt will not only heighten this reputation, but will prove how accurately Dr. Fournier compares ancient and modern opinions respecting syphilis. We look forward with pleasure to the series promised by the acomplished author.

OUR LIBRARY TABLE.

Essays on Historical Truth. By ANDREW BISSET. London: Longmans, Green, and Co. 1871.—These essays start off with one upon the question—"Is there a Science of Government?" which we do not see that the author has answered. The essay on "Hume" strikes us as good; so does that on "James Mill," and some of the others are interesting and instructive, even where we do not agree with all that is advanced in them. The author is not a warm admirer of competitive examinations. He says, in the essay on "James Mill," that the general effect of high university honours on a man is to make him a prig for life. He speaks only of the general effect of course, for there are numerous exceptions. "But this result produces a quite sufficiently large annual crop of stunted pedants and prigs without adding to their number an annual crop of Government clerks." During somewhat more than a century, says our author, the brilliant idea of M. Comte of manufacturing philosophers by drawing together, as moths are drawn to the flame of candle, all the remarkable calculating boys—in the sense of the distinction between computing or calculating and thinking as pointed out by Berkeley—of a nation, and then scouring their brains by competitive examinations, has been carried out at Cambridge; and the result has been a large production of calculating boys. But during that time has Cambridge produced any physiologist equal to Harvey, a metaphysician or psychologist equal to Hartley, or a mathematician equal to Newton? "It is very probable that Adam Smith would have been beaten in competitive examination by men without a particle of his genius; and even Newton, notwithstanding his wonderful quickness of apprehension in mathematical science, might have been beaten, and thereby discouraged for life, by competitors possessing the extraordinary rapidity that distinguishes the tribe of remarkable calculating boys."

Essentials of the Principles and Practice of Medicine: A Handbook for Students and Practitioners. By HENRY HARTSHORNE, A.M., M.D., Professor of Hygiene in the University of Pennsylvania, &c. Third Edition. Trübner and Co., London, and Henry C. Lea, Philadelphia. 1871.—We spoke in favourable terms of a former edition of this book, and we see no reason to alter our opinion. It contains, as far as a volume of the size can do, the "essentials" of medicine; and the author has succeeded in the present edition in supplying some omissions that existed in previous ones, and in making those additions that the progress of medical science rendered necessary. It is far from being altogether a compilation.

Resources of the Southern Fields and Forests—Medical, Economical, and Agricultural; being also a Medical Botany of the Southern States. By FRANCIS P. PORCHER, M.D., formerly Surgeon in charge of City Hospitals, Charleston, and Lecturer on Materia Medica and Therapeutics. New Edition. Charleston: Walker, Evans, & Co., 1869. London: Trübner.—This book contains a large mass of information, the collection of which must have cost its author an immense amount of labour. It is a handbook of scientific and popular knowledge regarding the plants and trees of the Southern States, indigenous and introduced, and cannot fail to prove useful to physicians, regimental surgeons, planters, emigrants, and others who may desire to be acquainted with the natural resources of that part of the world.

A Review of Darwin's Theory of the Origin and Development of Man. By JAMES B. HUNTER, M.D. New York: D. Appleton and Co. 1871.—We have already pronounced our opinion on the Darwinian hypothesis, and have pointed out what we must regard as very weighty objections to it. Dr. Hunter's review of Darwin's Descent of Man is a clear, and at the same time succinct, exposition of that author's doctrine, without the captious criticism in which many of his reviewers are apt to indulge, not so much for the sake of pointing out errors, as for the pleasure of joining in the hue and cry against what they designate the moral teachings of Darwin's writings.

The Westminster Review, October, 1871. London: Trübner and Co.—This number of the *Westminster*, besides its usual notices of scientific, historical, and political works, contains an appreciative and genial article on Faraday, and another of interest upon the Life and Works of Lessing.

The Monthly Microscopic Journal for November contains several interesting papers. Amongst others are the following: "On the Form and Use of the Facial Arches," by W. K. Parker; "The Monad's place in Nature," by Metcalfe Johnson; "Mapping with the Micro-Spectroscope," by H. G. Bridge; and "The Infusorial Circuit of Generation," by Theod. C. Hilgard.

THE

CONTAGIOUS DISEASES ACTS COMMISSION.

No. II.

THE ADVERSE EVIDENCE.

WE considered last week in detail the evidence offered by opponents of the Acts, so far as it bore on the nature of the substitute to be provided for the Acts in the event of their repeal. As the result of our inquiry, we found that virtually the only substitute recommended was the establishment of voluntary hospitals throughout the country, subject to no compulsion as regards either the admission or the detention until cured of diseased women. We found, further, that, with one or two immaterial exceptions, the suggestions in favour of this course had no basis of fact or experience to rest upon; and we took occasion to point out that such a recommendation was virtually one to do nothing at all, and could be sustained only on the supposition that the Acts are inherently vicious or ineffectual, or the disease comparatively unimportant—in other words, that the Acts are either morally injurious or medically valueless.

The medical witnesses tendered and examined in opposition to the Acts were Mr. Wolferstan and Mr. Jago, surgeons practising respectively at Devonport and Plymouth; Drs. Routh, Prosser James, Bell Taylor, and C. Drysdale; and Mr. R. W. Dunn.

Mr. Wolferstan considers that there are certain conditions of venereal disease which are not contagious, and that these are improperly included in the Acts; and he believes that, practically, large numbers of women are detained for venereal disease which is not contagious. He explains that there are some forms of secondary syphilis which nearly all medical men admit are not contagious, and cites in support of this view the authority of Mr. Hutchinson. He also appears to consider that the length of time which it may take to eradicate constitutional syphilis from the system renders it undesirable to deal with it under the Acts. He objects that all sores of the genital organs are, for the purposes of these Acts, registered as syphilis, when in point of fact there may be very great doubt as to the nature of the disease; and also considers that some diseases registered as secondary syphilis are neither secondary syphilis nor primary syphilis, and that, both as regards primary sores and constitutional syphilis, the classification of any given case under these heads will vary with the bias of the medical man; in short, there are some diseases which one man would consider venereal disease, and another would not. He is of opinion that in a really large number of cases a medical man cannot tell whether a woman is liable or not to communicate contagious disease, the class of cases to which he refers being those of uterine discharge and constitutional syphilis. He admits that if women have constitutional syphilis and a local discharge, they ought to be treated. As to the effect of the Acts, he is of opinion that the subjected women are more diseased now than when first the Acts were put into operation, and considers the diminution of syphilis among the forces to be attributable to other causes than the Acts.

Dr. Jago considers that constitutional syphilis is really the only disease of importance in a national point of view, and that the other contagious diseases, gonorrhœa and pseudo-syphilis, are of a comparatively trivial character. He admits, however, that serious effects result from gonorrhœa, and that, in the case of the soldier or sailor, it has the immediate effect of depriving the country of his services.

Dr. Routh considers that ordinary examinations with the speculum are futile unless followed by inoculation, partly because a woman addicted to the practice of prostitution has very loose parts, and the folds of the vagina are very numerous and necessitate a long examination to discover a small chancre which may exist there; and, secondly, that in the case of chancre higher up in the uterus—i.e., in the cervical canal—it would be impossible to make out that it existed. He disagrees with Mr. Lane's opinion that for ordinary practical purposes the examination is effectual; and, putting aside the moral question altogether, he considers that their inefficacy is a conclusive argument against the Acts. He believes that under this system not only may disease not be detected, but also that women who ought not to be sent to hospital may be sent there.

Dr. Prosser James appears to be of opinion that the system adopted in Paris is, on the whole, a failure, and that therefore the Contagious Diseases Acts must also prove a failure. He believes that examinations can have no important effect upon disease, owing to the difficulty of diagnosis. He considers that the severity of syphilis as a disease has been exaggerated in certain quarters; he, however, admits it to be a serious and common complaint, and does not object to legislation upon any preconceived theory. He considers the whole question to be whether legislation is necessary and efficacious.

Mr. R. W. Dunn considers that the foreign systems have failed, and that therefore the English will. He seems to doubt the efficacy of the examinations, but admits that constitutional syphilis is a very serious disease.

Dr. Bell Taylor is of opinion that gonorrhœa and soft sores, which form the great majority of cases of venereal disease—97 per cent. at least—while local, trivial, and unimportant in themselves, are nevertheless great checks upon incontinence, and consequently valuable safeguards against the more subtle and comparatively dangerous poison of syphilis. He considers that syphilis has undoubtedly decreased of late years, and is no longer a disease so formidable as to require special legislation.

Dr. Drysdale thinks that ulcerations are easily detected in examination, but that gonorrhœal discharges may elude observation. He considers it difficult, for practical purposes, to ascertain whether a woman is in a condition to communicate syphilis. He believes the French system to be a failure. He considers syphilis a most serious disease, and hopes to see efforts made to stamp it out; but he has never held that we ought to have a penal law, or that that would in any way attain the object of stamping out the disease. He dwells upon the difficulty of diagnosis, which shows how very absurd it is to put a woman into hospital, and keep her there for nine months, on account of gonorrhœa or secondary syphilis, because in the case of gonorrhœa you are not sure whether she has it or not, and in the case of secondary syphilis you do not know whether it will not last two or three years.

We regret that we cannot give this evidence more in detail, as we are satisfied that from the medical point of view the Acts want no better argument in their favour than the case presented against them.

The opinion of Mr. Hutchinson, cited by Mr. Wolferstan in support of his views regarding constitutional syphilis, is to be found in the examination of that gentleman before the Venereal Committee. The question and answer referred to are as follows:—"Do you think that a woman with constitutional syphilis could give it without any primary sore? in other words, Is constitutional syphilis contagious?—Some forms of moist rash are, I think, contagious." The next two or three questions will show that the correctness of the inference attempted to be drawn from this answer is at least open to question, Mr. Hutchinson's practical conclusion being precisely the reverse of Mr. Wolferstan's. They are as follows: "Do you think that if, for the benefit of society, it was considered proper to place prostitutes having the primary disease in an institution such as a lock hospital, it would be right to include those who were suffering from the constitutional disease?—Yes, certainly." "With reference to the question of contagion?—Yes; but I must ask to what form of con-

stitutional syphilis do you refer?" "Merely to the secondary symptoms.—Yes, I certainly should." Dr. Drysdale also testifies to the fact that secondary symptoms are almost universally admitted to be contagious. With regard to the other points of difficulty and difference of opinion, it will of course be conceded that in regard to these, as to all other diseases, cases of doubt and difficulty must from time to time arise. Such exceptional cases cannot, however, be allowed to be of so frequent occurrence as to have any practical bearing on the question of the utility of the Acts. The difficulty of diagnosis to which these gentlemen speak would, if it existed even approximatively to the extent for which they contend, argue an absence of scientific acquaintance with the diseases in question highly discreditable to the profession. Again, the argument attempted to be raised against the Acts from the length of time that constitutional syphilis may remain uncured, ignores the fact that, if primary syphilis is detected and treated in time, we shall have very little constitutional syphilis to deal with. The argument from the supposed failure of the foreign systems, in the first place assumes a fact of which we have no proof, and which is at least open to doubt; and in the second, even if the statements were admitted, would prove nothing until it was also shown that the English and foreign systems are identical, instead of being, as they are, perfectly distinct. Without any disrespect to the witnesses called to oppose the Acts from a medical point of view, we cannot help remarking that gentlemen who by the general consent of the profession are entitled to speak with authority are conspicuous by their absence. Of those who have appeared, one admits the serious nature of the disease, and another doubts only the need for and the efficacy of the Acts. Although the evidence given before the Venereal Committee has apparently not removed all doubts upon these points, we may with some confidence predict that this result will be produced by the evidence given by practising surgeons before this Commission. If men can gravely state, as do some of these witnesses, that for all practical purposes disease cannot be accurately diagnosed and with certainty detected; that for virtuous husbands to contract disease from virtuous wives is a matter of frequent occurrence; that the political views of members of the profession affect their professional opinions; that hereditary syphilis was unrecognised before the time of Mr. Hutchinson; that a speculum is a complicated instrument and difficult to cleanse, &c.,—we must confess that their ideas possess so much novelty, and are so little in accordance with the opinions which we believe to have been hitherto entertained by the profession, that we must be excused if we hesitate before we adopt them; while the statement that "in this examination the woman is *fixed* into a chair, her *legs* put into slippers, and the chair turned upside down; she is exposed freely in the most indelicate manner possible to conceive"; and the insinuation that there is danger of syphilis being passed from one woman to another from the way in which the examinations are conducted,—would be so disgraceful, if true, to the gentlemen employed under the Acts, that we must express our surprise that any member of the profession should believe and repeat stories concerning his brethren so utterly incredible; and his credulity in this respect would go far to discredit his evidence were it fifty times more weighty than it is.

From the medical evidence against the Acts we pass to that given against them from the moral and social point of view. These resolve themselves into four heads—namely, objections (1) to the principle of the Acts, (2) to the mode of working the Acts, (3) to certain distinct parts of the Acts, and (4) to matters of detail connected with the Acts.

Under the first head we may include the following objections:—That they are an invasion of the liberty of the subject, and unconstitutional. That they are unequal between the sexes. That they license sin. That they make a provision for future sin.

Under the second head come:—Charges of arbitrary, tyrannical, and oppressive conduct on the part of the police. Allegations that women are improperly brought under the Acts, such as virtuous women and "half-chaste" women. That "voluntary" submissions are obtained by coercion and threats of penal consequences in case of refusal to sign. That they are signed without their nature being properly explained to the women. That women are sometimes examined without either a voluntary submission or magistrate's order being first obtained. That in other respects the submissions are improperly obtained, and from persons who are not prostitutes. That the public situation of the examining rooms and other circumstances connected with the mode in which the women attend them are subversive of public morality and decency. That, owing to the small size of the waiting-rooms, all grades of women are herded together whilst waiting to be examined.

Under the third head come objections to the periodical examinations:—That they degrade, harden, and demoralise the women. That they bring more women on the streets. That they prevent the reclamation of women. That they destroy the self-respect of the women subjected to them. That they are unnecessary and painful. That women are unnecessarily subjected to them. That women are confirmed in prostitution and rendered more disorderly by them. That they are ineffectual. That they increase disease.

Under the fourth head we may reckon such objections as the following:—That the notices to appear for examination are tantamount to and used as certificates of health. That the Acts give a false security, and thereby increase disease. That the immunity offered from disease increases vice among men, especially married men. That the improved condition of the women under the Acts renders the life of a prostitute more attractive. That the terms "contagious disease" and "common prostitute" should be more accurately defined. That women are prevented from applying for treatment by the fear of detention in hospital. That Government should not interfere with venereal diseases unless with all contagious diseases.

It will be seen that many of these objections, even assuming them to be tenable, are capable of removal without in any way touching the principle of the Acts, or necessitating their repeal. And it is remarkable that, while few if any of the theoretical objections noticed above can be urged against the Act of 1864, there is no less opposition, so far as we can judge, to the system recommended by the Report than to that which it is intended to supersede. If any system can be devised more free from even superficial objections than that of periodical examinations, and equally effectual, we shall gladly welcome it; but the outcry raised against the system suggested with that object by the Commission ought to show the uselessness of abandoning the Act of 1866 merely in the hope of conciliating the irreconcilables. We trust that the present system will be altered in no essential particular except that of judicious extension, unless the system recommended by the Commission appears, when considered for legislative purposes, to meet the requirements of the case. Although we do not deny that the Acts are capable of improvement in some particulars, we believe that all that is necessary can be done without altering their character in any essential particular. The points on which such amendments may be required will be more easily arrived at by a consideration of the Acts themselves, and the mode of carrying them out as detailed by the witnesses to facts, than by a perusal of the adverse evidence, in which it is impossible to decide what to believe or what to reject. And this we say without imputing to the witnesses any intentional want of veracity; but we miss from their evidence, with one or two notable exceptions, the gravity of tone, precision of thought, and accuracy of statement which can alone enforce conviction. Many of the statements made are simply hearsay and gossip, and many are palpably inaccurate or absurd. For instance, one witness states, and evidently believes, that women are examined with the speculum within six weeks of their confinement. Another states that big men are generally more moral than little men. Another considers that any man resorting to any woman but his wife is a prostitute. Another talks of "half-chaste" girls, and of chaste girls finding themselves in brothels; and, further, tells us that the police are instructed to interfere with newcomers, meaning thereby all girls coming into the town. Being pressed upon the point, he states that the instruction referred to does not say new prostitutes, it says newcomers; while on turning to the instruction under reference, as given in the Appendix, we find it runs as follows: "All newcomers into the district, being known prostitutes." These few instances must suffice to show with what caution the facts alleged, and the tendencies attributed to the Acts, whether on the characters and lives of the subjected prostitutes or on the population generally, must be received.

THE LANCET.

LONDON: SATURDAY, NOVEMBER 18, 1871.

THE WORK OF THE MEDICAL STUDENT.

When we lately referred to the necessity of "selection" in teaching Materia Medica to the candidates for an ordinary licence, we did not anticipate much difference of opinion. To make a young man learn by rote a mass of particulars which are only acquired for a special occasion, and vanish with it, is not teaching; it is cramming.

On somewhat different grounds, it would seem that selection is not less necessary in teaching Chemistry. Chemistry and Anatomy lie at the foundation of medical knowledge; and there are parts of Chemistry at which a medical student cannot work too much or too long. But that very part which is indispensable to him—the chemistry of living bodies—is too frequently the last, the shortest, and the most incomplete part of the chemical course. Sometimes, indeed, the chemical lecturer almost omits it; trusting to the teachers of Physiology, Pathology, and Materia Medica to make up the deficiency, which, as they have their own work to do, is never the case.

The course of Chemistry also varies in the several schools. Some teachers go at such length into physics—into heat, light, electricity, and even sound—that the purely chemical part is wofully shortened; others enter into technical processes of manufacture; while some debate abstruse questions of chemical philosophy. That there is no agreement as to what the medical student most requires is proved by the answers of the chemical teachers to the questions of the Education Committee of the Medical Council. There is plenty of "selection" in these answers, but it is an arbitrary and individual selection, based on no well-debated and general agreement.

When, as in some schools, a complete course of Chemistry is attempted to be given, the result to medical students who have only the limited time most of them can afford is anything but encouraging. The students pass over the subject very much like travellers in a railway train: they catch glimpses of surrounding objects, and a scene of unusual beauty may live in the memory; but there is no real appreciation, and no lasting knowledge. Surely it would be far better to mark out some smaller district, and to make the student traverse and retraverse every road and by-path. Then there would be knowledge, even if limited; and a solid vantage-ground for future progress, if such is desired.

We cannot do better than recall the advice which Professor Liveing, of Cambridge, gives on this head to the Medical Council. "It is best," he says, "that each examining body should draw up some sort of schedule, specifying the extent, as far as examinations are concerned, which will be included in its examinations; these limits should be narrow, and thorough knowledge rather than a diffuse one exacted."

The wisdom of this advice we hold to be incontestable; nor can we think that any great difficulty would be experienced in acting upon it. Some universities already adopt this course in respect of some of their degrees; and the reasons which justify them apply with much greater force in the case of the medical student, who has to reconcile the almost incompatible conditions of a limited time and an almost illimitable subject. It is not only expedient, but right and just, that he should be aided in the attempt to learn perfectly so much as is essential for his future object, and to be saved from what is a mere burden to be tossed off at the first opportunity.

THE DEGREE OF M.D.

A few months ago, in commenting on Returns of Medical Qualifications granted by the different Licensing Bodies, published by the General Medical Council, and therefore presumably correct and authoritative, we remarked on the comparative abeyance of the power possessed by the various Universities of conferring the degree of M.D. The figures published by the Council were nevertheless so remarkable that we felt and expressed a suspicion of their inaccuracy or incompleteness. The very great importance of the degree of M.D., and of the mode in which the power of granting it is conferred, has led us to take some trouble in the way of checking the Council returns. We are more sorry than surprised at having to say that the returns, so far as they refer to the degree of M.D., are completely worthless and inaccurate. Our readers may imagine that the General Medical Council has no more important duty when it sits than to receive returns from the various licensing bodies, and to test first the accuracy and then the significance of them. Yet, strange to say, the consideration of these returns is generally deferred to the very last moments of the session, when the Council is about to disperse. It is only in this way that we can account for the surprising mistakes which we shall immediately point out, and which might have been corrected at the Council table in ten minutes by the representatives of the different Universities. If we might venture to advise the Council, we should recommend that these returns in future be considered at the beginning of its business, and not at the end of it.

According to the returns published by the Council during its sitting in July last, the number of persons who took the degree of M.D. in the different Universities of the United Kingdom in 1870 was 55. According to our inquiries, which have been courteously responded to by all the Universities with which we have communicated, the number of persons who took the degree of M.D. was 152. The details of the inaccuracy of the Council returns may be stated thus. According to these the Cambridge University did not make one Doctor of Medicine, whereas in fact it made 2; the University of London none, whereas it made 11; the University of Aberdeen none, whereas it made 18; the University of Glasgow 3 only, whereas it made 23—three under old statutes and twenty under new; the University of Edinburgh none, whereas it made 32—four under old statutes and twenty-eight under new; the University of Dublin none, whereas it made 14. As we have said, the total number of instances in which the degree was conferred, according to our inquiries, was 152. In the year before

(1869), the number given in the returns moved for by Sir JOHN GRAY in the House of Commons was 120.

We revert to this subject not from mere curiosity or from any desire to expose the marvellous inaccuracies of returns sanctioned by the General Medical Council, but from a conviction of the great importance of the degree, and of the conditions upon which it is conferred by the several Universities. It may be all right, but we have great difficulty in understanding how, with all our four English Universities at work, we should only make a dozen Doctors of Medicine in one year. Oxford last year gave us no Doctor; neither, if we remember aright, did it in 1869. Cambridge gave us 2; Durham none; and London only gave us 11. Even the four Scotch Universities only conferred this degree in 83 instances.

A number of circumstances conspire to make this question a very important one. The degree of Doctor of Medicine is one that is very much coveted by the profession, and very much trusted by the public, who regard it as an evidence of somewhat more skill and education in medical matters than are guaranteed by an ordinary medical licence. According to an examination of the London Medical Directory lately made by us, and published in THE LANCET of October 28th, nearly one-third of the practitioners of London possess a doctorate from some quarter, British or foreign. The utmost charity will not allow us to think well of some of these degrees, and they can only be regarded as conveying a false impression to the public. In some instances it seems certain that there is no university at all answering to the description of the alleged source of the degree. An excellent article lately appeared in the *Daily News* on the traffic in sham degrees. There is reason to believe, from the constant advertisements that have lately been noticeable in the papers and from communications sent us, that there has been a thriving trade in so-called medical degrees, and this cannot be too much denounced in the interest of real universities, of the public, and of all those members of the profession whose qualifications, be they high or low, represent real examinations. The respectable practitioner with genuine though ordinary qualifications has a right to grievously complain when a rival practitioner assumes to be a Doctor on the strength of a degree from such nebulous universities as those of Brooklyn or the American University of Philadelphia, or the Mauritius. Much more has he a right to complain who holds a degree derived from a renowned university implying study, time, and money. No one can wonder at the step lately taken by the Messrs. CHURCHILL in determining not to publish any degrees that are not at present registerable by the Council. Every one will admit that there are foreign and American degrees every way worthy our recognition. These will suffer exclusion from the Directory as well as worthless ones. There is one consolation however—that the Council is likely ere long to recognise and to register the best foreign degrees. But for this medical legislation will be necessary.

The great misfortune is that we have no high public body whose business it is to take a large and wise view of this question. The Medical Council has no responsibility in connexion with examinations for degrees. Its responsibilities apply only to the minor qualifications. Hence it is that there is every conceivable variety in the conditions for obtaining the degree of Doctor. One university charges £100 for its degree, and another charges £5. One has an examination exceedingly difficult, and another has an examination scarcely to be distinguished from that for a mere licence to practise. The difficulties raised by all the universities alike are insuperable to men immersed in practice, for whom some practicable examination needs yet to be devised. We have great respect for the busy practitioner who is willing to submit himself to a new examination. For the sake of the profession and the public alike this examination should be a real test both of general and professional culture. We are not satisfied that our English universities have done all for our profession that they can do by examinations which give us only thirteen Doctors of Medicine in the year. If this number really represents all the high medical education there is in the country, so much the worse for the country. If it represents injudicious or artificial difficulties, the sooner they are swept away the better, and with them all excuse for Englishmen going abroad for their degrees.

THE delivery of the verdict in the case of KELLY sets us at liberty to remark upon the surgical bearing of the trial, for with its political aspect we have nothing to do. We need not express an opinion that Dr. WILLIAM STOKES was actuated by the best motives in the operations he undertook for the relief of his patient, for no one out of Ireland could entertain a contrary idea; but, since differences of opinion have been expressed as to his proceedings, it may be well to discuss dispassionately the nature of the case, the treatment adopted, and its results.

From the position of the wound (without referring to the existence or not of faintness immediately after its infliction, upon which stress was unfairly laid), it was evidently an injury involving most important structures, whilst at the same time there were no very urgent symptoms demanding interference. Under such circumstances, it must, we think, be conceded that it would have been wiser for any surgeon, and particularly the junior member of the staff, to summon a consultation of his colleagues before undertaking any operative measures. This precaution was, indeed, taken prior to the second operation; and Dr. STOKES's colleagues showed no desire to shirk their responsibility, but, on the contrary, manfully supported him by their evidence. Then, again, as respects the post-mortem examination, we think it is to be regretted that the whole staff was not summoned to be present, and that an entirely independent person was not employed to make the examination. Had these suggestions been followed (and they may be usefully remembered in similar important medico-legal investigations), Dr. STOKES's cross-examination would have been deprived of half its sting, and he would have been relieved of much of the burden which has been thrown upon him.

As regards the surgery of the case, no one can dispute that the extraction of a bullet, if it can be easily reached, is inculcated by all surgical writers; but the case is, we venture to say, different when the bullet is doing no apparent injury, and its discovery and removal may involve

vital structures. Each case must of course be judged on its own merits, and it is so easy to be wise after the event that we are not surprised at antagonistic evidence being produced; for Dr. STOKES allowed candidly that, had he known that the bullet was broken up and the atlas fractured, he would have declined to interfere. A great deal of unnecessary stress was, in our opinion, laid upon the division of the occipital artery, to which Dr. STOKES unwittingly contributed not a little by his statement that a patient would bleed to death in five or six minutes from a division of that vessel. It may be fairly doubted whether any healthy man *could* bleed to death from a divided artery of the size of the occipital, for, long before that event could have occurred, the natural hæmostatic processes, including faintness from depression of the heart's action, would have sufficed to arrest the flow of blood. The well-ascertained rule of surgery doubtless is to tie both ends of an artery of considerable size, or with free anastomoses; and though Dr. STOKES's little bit of national bombast may be pardonable under the circumstances, we believe the Dublin surgeons fully agree with this dictum, though few surgeons would think it needful to tie both ends of a divided occipital artery. The proof that the vertebral artery was not wounded we hold to be that it was *not* necessary to apply two ligatures in order to arrest the hæmorrhage; for, from the very free anastomoses of the vertebral artery, it is hardly conceivable that one ligature should have been sufficent. It is impossible now to decide whether the tenaculum left in the wound had any part in producing the hæmorrhage which appears to have occurred shortly before TALBOT'S death, nor do we imagine that event had anything to do with the final result.

The case of REGINA *v.* PYM, on which the Crown relied so strongly, is the celebrated duel case which occurred at Gosport in 1845, when a Lieutenant SETON was killed. A tumour formed in the course of the pistol-shot wound received at the lower part of the abdomen; and this was supposed by Mr. LISTON to be aneurismal enlargement, from a wound or injury, of the femoral artery, and he accordingly tied the external iliac artery. The patient died from peritonitis; and after death the tumour was found to be a mass of coagulated blood derived, not from the femoral, but from one of its small branches an inch below Poupart's ligament, where it might have been readily secured. We can only rejoice that the days of duelling are gone by, or probably the Dublin surgeons would have had ample opportunity of studying gunshot wounds on the persons of judges and barristers, or even of their own colleagues!

THE inquiry that has just concluded respecting the management of Hampstead Hospital tends to show, in a very prominent way, the duties and responsibilities of resident medical officers in the administration of large hospitals. And as the question of appointing visiting physicians in place of resident medical officers in sole charge will be reconsidered at the next meeting of the Metropolitan Asylums Board, we shall sum up the arguments by which we have uniformly supported the promise given by Mr. GATHORNE HARDY—that the Small-pox and Fever Hospitals should be officered by a staff of visiting physicians and resident medical officers in the way common to the majority of civil hospitals of a similar kind.

In the first place it may be observed that there are some circumstances in which it is desirable to place the whole responsibility of hospital management in the hands of the medical superintendent. This is the case in the army and navy, where it continually happens that the medical officer has to engage all the servants and nurses, make all the arrangements for food, and even to superintend the administration of the medicines and necessaries. But in this case there are great securities that the officer appointed will be equal to the occasion. He will not be a junior; he will already have had considerable experience; he will be selected for his competence; and his promotion depends on his success. Moreover, he is subject to the visits of superior officers, both lay and professional. There is every guarantee that his devotion will be recognised by his country; and when his period of active exertion is over, his social position is secured. But in the civil hospitals, of which we are speaking, the case is altogether different. There is but small guarantee of obtaining the best experience at the salaries proposed. Such appointments are undoubtedly liable to fall to the lot either of very young men or of older ones who have failed in private practice. There is nothing attractive in passing a life in a small-pox hospital. There is no opportunity for varied professional study; no career. The Local Government Inspector is the only professional superior; and his office is not to reward, but solely to find fault. There are no medals and social position to be gained.

But whilst in military and naval hospitals the power of the medical superintendent is or should be absolute, this can never be the case in civil hospitals, in which there is a board of managers meeting week by week; a house-steward to superintend the stores and male servants; a matron to superintend the domestic services, with a head nurse under her to take special care that the nursing is properly performed. With such a staff, not directly appointed by the medical superintendent, his duties are considerably curtailed, and in proportion they also become less clear and well defined. Nothing, however, relieves him from two great difficulties of a very peculiar and not always of a very pleasant kind. He is of course bound to look upon the comfort and welfare of his patients as his first care and concern; but he has also to act as "middle-man" in combating the economical ideas of the financial department, on the one side, and, on the other, the lavish ideas of his colleagues, who are pretty certain to be junior members of the profession, and, consequently, not always remarkable for their discretion in matters of account. Supposing, however, that the medical superintendent is supplemented by an efficient matron, steward, and working staff—though this is by no means necessarily the case,—he is still expected to have a full and complete knowledge of all that is going on within the building, and to know that each and every patient is properly nursed, fed, doctored, and clothed; that medical records are correctly kept; that the dispensing department is properly worked; and that ventilation and cleanliness are strictly maintained. It is evident that the success of his administration must, under these compli-

cated circumstances, mainly depend on honesty and openness of working with his colleagues, lay and medical. With the former the difficulties may not be great; but, with respect to junior medical colleagues there must be great delicacy and consideration, particularly when they enjoy an equal professional status, and it becomes obvious that the only really successful method of exercising control over them is to avoid everything which savours of dictation and fault-finding, and to take them into confidential consultation, in order that the proper influence of the superior may be silently yet fully recognised and maintained.

Nevertheless, it cannot be doubted that this relation of the resident medical superintendent to the managing committee on the one hand, and to his colleagues on the other, is full of danger to the administration. The want of harmony at Hampstead should be a lesson to the managers; and it is extremely important to notice that it is exactly at these difficult points that the services of a visiting physician would be of the greatest use. He is more independent both of the managing body and the juniors. His social position and his professional status give him an influence which a resident servant of the managers is hardly likely to possess. His advice is respected by his colleagues as law; and it is quite impossible to conceive the continued existence of the disgraceful squabbles which so greatly interfered with the administration at Hampstead without their being discovered and put an end to by the visiting physician.

Many objections have been advanced to the appointment of visiting physicians; but the best answer to them is an appeal to experience. The greatest bugbear is that of divided responsibility. This is not felt in voluntary hospitals; and it is well to remark that the resident surgeon bears to the visiting physician the same relation as the assistant does to the principal when both reside. The junior is entrusted with definite instructions, and remains in full charge during the absence of the senior; and the responsibility of the former is even better defined when the principal does not reside. The degree of confidence reposed by the senior in the junior is, in both cases, a matter of judgment and discretion. The public have learned a lesson at Hampstead, and will not be content with the prospect of the managers again committing eight or nine hundred patients to the large and very ill-defined discretion of one resident superintendent; whilst it cannot be denied that thorough satisfaction with the usual administration of our public hospitals is generally evinced. The House of Commons would have decided upon the question if the point had not been conceded by the then Government. Everyone feels that the visiting surgeons and physicians of our public hospitals are really responsible for the good management of the institutions to which they are respectively attached, and for the proper treatment of the patients. No one doubts that the regular visits of physicians and surgeons are of far more value than those of laymen or even of inspectors of the Local Government Board. No one doubts that the man whose labours never can be recompensed by the honorarium which should be attached to the appointment would be the first to discover when matters are going seriously wrong; his reputation is at stake, and the prospect of becoming a leader of professional opinion is alike the stimulus and guarantee of honest service. These hospitals present a career to consultees which is not surpassed by that of any other public hospital in the metropolis, and we cannot doubt that the appointment would be eagerly sought after by the rising members of the College in preference to the irksome drudgery of out-patient work.

In conclusion, if the managers should unfortunately persist in placing the Stockwell Fever Hospital in exclusive charge of one medical superintendent, it is only right, seeing that he has no consultee to fall back upon, that he should produce evidence of a very high degree of competence. He should, for example, be a member of one of the Royal Colleges of Physicians, or at least pledge himself to become so within a year of his appointment.

M. CHAUVEAU having rendered it highly probable—as we endeavoured to show a fortnight since—that the virus of any fluid capable of active propagation by inoculation is essentially a quality or property attached to and characteristic of the morphological elements found in such fluids, and not of the plasma or serum in which these elements float, it remains to be ascertained to which of them it really belongs. In every fluid of this nature—such, for instance, as the purulent discharge of glanders—numerous corpuscles are visible under the microscope, some consisting of perfect nucleated cells, others being nuclei, and others, again, the débris of disintegrated tissue and cells. That some of these are more active than others there can be little doubt, and M. CHAUVEAU made a series of experiments to determine which amongst them was most active. The task is no easy one; for not only does it require a good instrument and a good observer, but it is necessary that the characters and changes of the formed elements which enter into the composition of virulent humours should be followed concurrently with the study of the genesis and of the development of the lesions in the midst of which these humours are formed. By this means many difficulties will be avoided. To take only one. It is obvious that a careful knowledge of the development of the formed elements will entirely prevent any confusion arising between accidental and constant elements; whilst, at the same time, by demonstrating the absence of certain formed elements from fluids of known and proved activity and virulence, positive statements can be made excluding these from any necessary connexion with or participation in the virulent effects. It may thus be shown that none of the proto-organisms, such as bacteria, vibriones, &c., are necessarily present in virulent fluids, or have any real connexion with their activity. In the vaccine lymph, for example, the best and most practised observers, examining with high powers, have not been able to discover a single specimen of any such proto-organism ferments, as M. CHAUVEAU terms them, provided the examinations have been made speedily after removal from the body. So also in variola; for though, as COSE and FELTZ have shown, bacteria may be present both in the pustules and in the blood, and rabbits when inoculated with such fluid may sicken and die, yet, according to M. CHAUVEAU, the bacteria are only accidental elements

which are by no means constantly present, and the disease these authors have propagated from rabbit to rabbit, he maintains, is not small-pox at all, man alone affording a suitable soil for the *complete* development of variola; even the horse and cow do not show the general manifestations of the disease which are so characteristic of its presence in him, and the rabbit is totally insusceptible of it. That the disease produced in the rabbit by inoculation is not true small-pox is shown by the fact that it will not reproduce variola by inoculation of the blood in the horse and cow, though this can be easily accomplished with the variolous virus of man. M. CHAUVEAU lays down the important maxim that, in opposition to what occurs in septic or septicoidal infections, virulent active principles are *not* to be looked for in the blood; and, amongst the latter, he has especially examined the fluids of glanders, the rot, the rinderpest poison, and vaccine and variolous poisons.

Proceeding further in his inquiry he shows that no other formed element is necessarily present in a virulent fluid than the fine molecular granulations. All other corpuscles may be entirely absent without in any way diminishing or interfering with the activity of the fluid. He at the same time acknowledges that the cellular elements may be the carriers of the virus; but this is simply due to the circumstance that they are thoroughly infiltrated with the molecular or almost dust-like elementary particles which, either separate or aggregated into a mass, constitute the virus itself. Whether all or only certain of these molecules are endowed with the virulent properties he confesses himself unable to determine. The spores of HALLIER he regards as hypothetical. To arrive at any satisfactory conclusion, the culture of the micrococci should be conducted in the medium in which they are found, and not in an artificial one; whilst, as he strongly argues, it is impossible to produce the rot with Pleospora herbarum, vaccinia with the Torula rufescens, or the epizootic pneumonia with Muco mucedo, in whatever stage of their development, or in whatever manner these fungi are introduced into the system. In fine, putting aside those contagious diseases which, like trichiniasis or the silkworm disease, depend upon the development of certain animal or vegetable parasites, and those septic or septicoidal diseases which result from the multiplication of "proto-organism ferments," there still remain certain affections which may be included under the head of true virulent diseases, in which the virus is strictly limited to the granular protoplasm of the neoformations, and which are not propagated in the manner of a parasitic ferment, though their course may be complicated by the presence of the septic or septicoidal class of diseases.

A LARGE meeting of guardians and others interested in Poor-law matters was held on Wednesday at the Social Science Association's quarters to discuss the subject of out-door relief, benefit societies, and the like. The meeting decided, first, that it was desirable that out-door relief should be diminished, in-door relief being made the rule and the other the exception; and, second, that harmonious co-operation should be brought about betwixt the administration of Poor-law relief and private charity. We rejoice at the enlightenment of public opinion on this all-important subject.

Medical Annotations.

"Ne quid nimis."

MEDICAL EDUCATION AT CAMBRIDGE.

IT is gratifying to have to report that the University of Cambridge has been exercised in seriously discussing some of the elements of sound medical education. The report of the Board of Medical Studies recommended that every candidate for the third M.B. Examination be required, on and after the Easter Term, 1872, to produce a certificate of having been clinical clerk for six months at least at a recognised hospital, or of having, subsequently to the completion of his attendance on hospital practice, attended to practical medicine with special charge of patients in a hospital, dispensary, or parochial union, under superintendence of a qualified practitioner, unless he himself be duly qualified, and that experimental physics be added to the list of courses of lectures for degrees in medicine. The first recommendation passed without opposition, but the proposal to include experimental physics in the course of lectures to be attended by medical students as part of the requirements of keeping a medical term was opposed by Dr. Paget, on the ground that it could not be called studying medicine to attend a course of lectures on magnetism or botany, however desirable it might be that medical students should have a knowledge of those subjects.

The first part of the report is entitled to unmixed approval. The medical student of the present day is inferior to his predecessors in only one respect—he has less familiarity with the details of medical duty and practice. Medical efficiency consists largely, not in the ability to amputate limbs and tie large arteries, but in the knowledge of minute details concerning the properties and doses of drugs, and of a thousand things that can only be learnt by actually treating the sick themselves. The old apprenticeship was a drudgery, but the principle of it was good, and urgently wants a new application.

As to the second recommendation, we are not quite sure whether the Board or Dr. Paget is right. But we are reluctantly disposed to think that Dr. Paget in this case is wrong. Experimental physics is really required in medical education. The lessons of it are much needed in actual practice, and the study would be in every way beneficial. Dr. Paget is doubtless apprehensive, and properly so, of imposing new courses of lectures on the student; but if they are of an experimental nature, room should be made for them in the curriculum, even if it were by exonerating the student from some less necessary course.

EPIDEMIOLOGY AND EPIDEMIOLOGISTS.

THE address of the President, Inspector-General Lawson, at the opening meeting of the Epidemiological Society for the present session, on the 8th inst., was, as we had ventured to surmise, rich in interest. It included a general survey of the principal epidemic diseases which had been prevalent in this country and in the four quarters of the globe during the past three or four years; and notwithstanding the imperfection of our knowledge as to the prevalence of epidemic diseases beyond our own shores, such facts as are known, Mr. Lawson showed, were highly suggestive. With much labour he had brought together numerous data respecting relapsing fever, small-pox, yellow fever, other forms of fever, and cholera in different parts of the world; and from these data he inferred that the local manifestations of these diseases were parts of some more general phenomenon which affected vast areas of the globe. He

touched briefly upon that theory of manifestation of epidemic diseases which he has educed from his prolonged epidemiological researches — the theory of "pandemic waves"—and indicated the important bearing which this theory had upon the elucidation of the facts which he had related.

The object of the address appeared to be, however, not so much to advocate a particular theory as to show, from the facts of recent epidemics, that other causes than localising, atmospheric, and personal causes are influential in the development of epidemics, and that these merit more attention from epidemiologists than they have recently received. It must be admitted that the study of these general or, as they have been termed, cosmical causes, which at one time were largely believed to underlie epidemic manifestations of disease, has fallen into disrepute. The imperfection of the data upon which the belief rested, was no doubt the principal cause of this neglect. It is the especial merit of Inspector-General Lawson that he has directed his laborious researches for many years to the analysis of those phenomena of epidemics which appear to have a cosmical origin; and the Epidemiological Society has shown its sense of his labours by electing him to the honourable post of President.

THE NEW SOCIAL MOVEMENT.

THE very remarkable statement by Mr. Scott Russell, which appeared in print recently, affords satisfactory evidence that truths for which we have long contended are beginning to exert their due influence over the public mind. The passage in which Mr. Russell, on the part of himself and others, expresses "our utter disbelief in the wisdom, patriotism, or statesmanship of mere party politics, and our conviction that the great interests of the nation are utterly neglected while the rival parties in the House of Commons are factiously contending for the paltry purpose of keeping one of them in power and the other out; and thus we see year by year go by, leaving the well-doing and well-being of the great mass of the people uncared for," is one that might have been taken, almost as it stands, from what we have ourselves again and again set before our readers. The "seven evils" which Mr. Scott Russell brings into prominence, and which will, we presume, be kept in view as the chief aims of those who work with him, are stated in the following terms:—

"1. The want of family homes, clean, wholesome, and decent, out in pure air and sunshine. 2. The want of an organised supply of wholesome, nutritious, cheap food. 3. The want of leisure for the duties and recreations of family life, for instruction, and for social duties. 4. The want of organised local government to secure the well-being of the inhabitants of villages, towns, counties, and cities. 5. The want of systematic, organised teaching to every skilled workman of the scientific principles and most improved practice of his trade. 6. The want of public parks, buildings, and institutions for innocent, instructive, and improving recreation. 7. The want of the adequate organisation of the public service for the common good."

Concerning these there can, we imagine, be little difference of opinion among medical men, except perhaps as regards their relative importance. They point out the only means by which the toiling masses of our countrymen can be set going in the path of improvement, as regards intellect, morals, and physique, and can thus be fitted for the exercise of the powers and responsibilities thrust upon them prematurely by the desire of rival politicians to outbid each other for their support. The enlarged franchise has not been the natural outgrowth of our institutions, but has been forced, so to speak, by those who expected to be able to manipulate the new voters at their pleasure. If they should succeed in doing so, the next few years, like the past, will be wasted in strife about questions of little real importance to anybody, while life and health, decency, manliness, intelligence, and skill, will be left to the operation of chances that have certainly not hitherto befriended them. The politicians who, prior to the Reform Bill, gave the people some party juggle in lieu of sanitary reform, and beer-shops in lieu of useful education, might possibly have been no more than selfishly indifferent to all wants except their own. Those who would so treat the people now, when they have become the depositaries of power, and practically the future rulers of the country, must be even more shallow than heartless. The time seems to be come at which the general intelligence of the country should assert itself against the continued pre-eminence of political impositions.

THE INDIAN MEDICAL SERVICE.

THE cause of the native candidates for this service is again brought under our notice by a letter from one of their number, which will be published in our next week's issue. No official information as to any examination in February has as yet reached them, and so the observations of the Indian journals must be taken for what they are worth. We are not prepared on this occasion to discuss the principle as to whether it is advisable, on social, political, or professional grounds, to admit native medical officers into the service, nor is it, indeed, necessary to do so, because our Government has already decided that question in the affirmative. Such being the case, we have no hesitation in endorsing the remarks of our correspondent as to the injustice with which he and his compeers have been treated in this matter; for, as we take it, an arrangement could and should be made resulting in a definite notice being sent to all the medical colleges in India, at least three months before an examination takes place in England. And there can be little doubt that, in the present advanced state of the Indian schools, their degrees and diplomas might be very fairly accepted as sufficient qualification for candidature. The question raised by our correspondent as to permitting examinations to be conducted in India requires further consideration, and we are not prepared to subscribe to its desirability without further evidence. We are told that the *régime* of Lord Mayo is particularly popular among the natives of India, and we recommend our correspondent and his friends now in the East to take means for drawing the attention of the Governor-General to this subject. For it must be remembered that, though this august personage takes his cue from Whitehall, a very brief note from his Excellency to the authorities at home on the practical bearings of any subject, such as that under discussion, should be, and probably is, powerful for good.

SCOTCH UNIVERSITY AFFAIRS.

AN unusually keen contest for the Lord Rectorship of Edinburgh University terminated on Saturday in favour of Sir William Stirling Maxwell, who polled 494 votes against Sir Roundell Palmer, who polled 402. Sir William was the Conservative candidate; but he owed his election not so much to political support as to the widespread conviction that he had the stronger claim. He had exerted himself so efficiently in favour of Scottish University reform; he had laboured so well to secure for the Scottish Universities representation in Parliament; he had so many qualifications as a local publicist, to whom Edinburgh was under many obligations hitherto unacknowledged, that not even Sir Roundell Palmer's influence could make head against him. One feature of the canvass in his favour is worth noticing.

He was requested by a deputation of undergraduates to declare against the medical education of women. This he declined to do; not because he was an advocate of that movement, but because he held it a matter of principle that no candidate for such an office as that of Lord Rector should submit to a personal cross-examination as to his views on any matter whatever. Such a concession would detract from the dignity of the candidate and impair the honour of the post.

In Glasgow, on Wednesday, Mr. Disraeli had a majority "in all the nations," and a total majority of 134 over Mr. Ruskin. In St. Andrews, Mr. Disraeli and Mr. Ruskin also divided the favour of the students till the result of the polling at Glasgow became known, after which the nomination of Mr. Disraeli was withdrawn, and Lord Lytton proposed instead. Besides Mr. Ruskin, the other liberal nominee is Mr. Herbert Spencer—Mr. Tennyson's candidature being dropped.

THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

At the meeting of this Society on Tuesday evening the paper read was by Mr. Durham, "On the Operation of opening the Larynx by Section of the Cartilages for the removal of growths and foreign bodies." The author gave a detailed description of five cases so treated at Guy's Hospital; and furnished, in a very elaborate appendix, an account of all the recorded cases in which such an operation had been performed. Referring to these cases, he called in question the accuracy of Dr. Morell Mackenzie's statement that nine of them had terminated fatally as a result of the treatment; and asserted, from reference to the original history of each case, that only two of the patients had died from causes at all connected with the operation. One patient, included by Dr. Mackenzie in his nine deaths, was said by Mr. Durham to have survived the operation for twenty years. Unfortunately Dr. Mackenzie was not present; and, the meeting being very thin, there was but little discussion. Mr. Bryant said ditto to his colleague in so many words, and Mr. Croft moved the adjournment of the debate that Dr. Mackenzie might attend. This proposition fell through for want of a seconder; and Mr. Durham, in replying to the few remarks that had been made, expressed much regret that Dr. Mackenzie had been prevented from coming. If he had been there, he (Mr. Durham) would have joined issue with him on other points also; but, under the circumstances, his lips were sealed.

SIR CHARLES DILKE AND COURT APPOINTMENTS.

SIR CHARLES DILKE will be surprised, and possibly annoyed, if he hears that he did not make nearly so much capital as he might have done out of the medical department of Her Majesty's household. He only enumerated twenty-one doctors. Had he called in the help of the special physicians and surgeons for Scotland and Ireland, and those medical officers of the army and navy who have the title of "Surgeon to the Queen," he might have doubled the number, and his intelligent audience would have laughed twice as loudly. As his only object seemed to be to bring ridicule upon the Queen and her Court, we cannot understand how he came to make so obvious an omission. This worthy Baronet says, "I am aware some of them are unpaid." Had it been his intention simply to tell his audience the ungarbled truth, he would have said, "I am aware that the majority of these appointments are merely honorary." We suppose it is inconceivable to Sir Charles Dilke that the holders of honorary appointments should value them, and any distinction conferred upon a man as a recognition of merit must seem a strange anomaly to one whose apparent desire it is to have the word "honour" expunged from the dictionary, and who, if he be logical or consistent, must heartily despise the title which he retains.

This holding of the Queen's medical establishment up to ridicule was a gross mistake, and we feel assured that no members of the profession will be found to join in the laugh. There is not a single name on the list of her Majesty's physicians and surgeons that is not, or does not deserve to be, held in the highest honour both by the profession and the public. All the Court appointments—which we hope will ever be regarded as amongst the highest honours of the profession—have for years been distributed, without favour, to those whom general opinion has declared most worthy of them; and even if Sir Charles had shown (which he cannot) that every one of those honoured gentlemen was the holder of a highly salaried sinecure, we doubt if any thinking person would be found so mean as to wish to deprive him of it. We do not at all agree with Sir Charles that sinecures (or, what amounts to the same thing, pensions), as a reward for long and faithful service, are unmitigated evils. On the contrary, we believe that their bestowal is both politic and necessary, and calculated to benefit the public at large; but this is an opinion which we do not expect to be shared by one who reckons as one of the evils of Royalty the fact that it distributes £13,000 per annum in alms.

We cannot regard Sir Charles Dilke as consistent so long as he retains his title. Let him drop this and attend more to the accuracy of his statements, and his remarks may then have weight. At present they have none, but merely serve to show the occasional danger of conferring hereditary dignities.

POOR-LAW REFORM AND MR. CORRANCE, M.P.

THE reply given by Mr. Bruce to the query whether the Government intended to deal with our chaotic metropolitan administration during the ensuing session, precludes the possibility of supposing that the question of an amendment of our medical relief system will form any part of the forthcoming ministerial programme. We therefore heartily rejoice that an independent member of the standing of Mr. Corrance should have taken up the subject, and resolved to test the feeling of the House upon it. The measure proposes to extend to the country and large provincial towns those principles of legislation which formed one of the distinctive features of Mr. Hardy's Metropolitan Poor Act, and which, as our readers are doubtless aware, was framed on the model of the Medical Charities Act, which during the last nineteen years has been worked with so much advantage in Ireland. The Bill, however, which Mr. Corrance will introduce will be purged of those objectionable provisions in the Irish Act which have furnished the opponents of all reform with the opportunity of raising a prejudice against it. Thus, it is proposed that the permission given to every member of the dispensary committee to issue orders for medical relief shall be taken away, and the power to grant them limited to the relieving officer, save in exceptional cases of urgency, such as dangerous midwifery, severe accidents, and infectious disease, when the nearest member of the committee might give them. The grounds for this exceptional privilege will have to be written on the face of the order, and the reason why it and all ordinary orders have been issued would be gone into at the next meeting of the dispensary committee, which would be required to meet not less often than the board of guardians, by whom it would be appointed; the committee being constituted of members of the board and such *ex officio* members

as may be resident in the dispensary district. To this committee would be given the privilege of electing the medical and all other officers necessary for the work of the district, of supervising their proceedings, cancelling orders improperly granted, and directing legal proceedings to be taken against those who, having the means to pay for medical attendance, have imposed on the credulity, good nature, or carelessness of the relieving officer. Turning to another, and perhaps the distinctive feature of the Bill, as opposed to the Metropolitan Poor Act—the machinery whereby it is to be put in action,—we find that Mr. Corrance has adopted that clause of the Irish Act which provides for the appointment of commissioners, to whom would be delegated the duty of parceling the country into dispensary districts, determining the number, qualifications, and salaries of the medical officers, drawing up regulations for the management of the dispensaries, and generally controlling all proceedings so far as they relate to medical relief. Here we fancy an opposition will be excited, for it will be argued, why provide a fresh form of administration, when the policy of recent legislation has been to consolidate conflicting authorities in the Local Government Board? Practically, however, sufficiently large powers will be vested in the President of the Local Government Board, who will be constituted the head of the commission.

The Bill as drawn provides the machinery for grappling effectually with the anomalies of our present system of medical relief, and, should it pass into law, would speedily elevate the position of the medical officer, be of material benefit to the sick and suffering poor, and in no long time, as Dr. Rogers points out so forcibly, like the Irish Act, be of signal service to the general community in the shape of reduction of pauperism and of diminished expenditure.

THE LADY MEDICAL STUDENTS OF EDINBURGH.

THE see-saw policy of the Edinburgh School with regard to the admission of ladies to instruction in medicine received fresh illustration at a special meeting of the Senatus Academicus on Saturday, when the following motion was proposed:—"That the Senatus represent to the University Court the propriety of rescinding their resolution and regulations in reference to the admission of women to medical education in the University; without prejudice, however, to the rights and interests of those ladies who have already entered upon a course of study in pursuance thereof, and without prejudice to the right of professors to give separate instruction to ladies in such classes as the University Court may from time to time think fit and approve."

In the discussion which ensued, an amendment was brought forward to the effect that, without asking the University Court to rescind their resolution, the Senatus should authorise the insertion of an intimation in the "Calendar" that, for the present at least, it was impossible for ladies to receive medical instruction in the University, notwithstanding the resolutions and regulations of the University Court. The motion was carried by 14 to 13. Against this decision the minority will appeal to the University Court. And so, in flux and reflux, the Academical Euripus sways!

Outside the University, however, the General Committee for securing a complete medical education to women are taking decisive steps. At a meeting on Monday they adopted a report in which they professed to look forward to "a change in the Board of Infirmary Managers at its election in January," and appealed for funds to prosecute with vigour the line of policy they might enter upon. Mr. Maclaren, M.P. for the city, hinted that exception might next year be taken to the estimates for the University, on the ground that "it was not fulfilling the purpose for which the money was granted—namely, that of educating the people of Scotland—when the applications of women to be taught were rejected." The Rev. H. Calderwood, Professor of Moral Philosophy, urged that it became the Committee to consider whether a direct appeal to Parliament should not be made to open the University to ladies studying with a view to graduation; while Mr. Cosmo Innes, Professor of History, was understood to say that in the Senatus the ladies had secured a powerful champion in Dr. W. B. Hodgson, the newly-inducted Professor of Political Economy, and well known as an advocate of "woman's rights." So that Edinburgh has before her a lively prospect for the next session,—*dux femina facti!*

PROF. HUXLEY'S LECTURES ON ELEMENTARY PHYSIOLOGY.

THOSE who know Professor Huxley by his publications only can form no adequate opinion of him as a lecturer. They recognise, of course, the play of a vigorous intellect in his writings. As a strong swimmer confident in his own powers plunges into the stream and finds a pleasurable exercise in breasting the tide, so does Huxley love to take a "header" into his subject, sound its depths, and encounter its difficulties. His terse style, and the fearlessness with which he "strikes out," cannot fail to arrest the reader's attention, and overcome his dislike to a kind of intellectual arrogance that is generally observable in his writings. As an educational lecturer Huxley is admirable; and we listened last Monday with interest, not unmixed with envy, to his lucid and easy exposition of the elementary doctrines about the structure and properties of nervous matter, at the London Institution, Finsbury. The building was crowded, and a large section of the audience was occupied in taking notes of the lecture, which was illustrated by experiments, exhibiting reflex nerve action and the powers and properties of those parts of the nervous system of the frog included between the spinal cord and optic lobes. The lecturer began and ended by some well-timed observations on vivisection, in which he endeavoured to disabuse the public mind of prejudices that arose entirely out of ignorance in confusing sensation with actions that were as devoid thereof as the movements of a mechanism like a repeater or musical box.

NEW HOSPITALS.

WE rejoice to observe that the proposal to establish fresh voluntary hospitals, in the counties for small-pox, and in London for the diseases of women, has already been discouraged. We quite agree with Mr. Henry Wood, that it is no part of the duty of the governors of public hospitals to provide the means of stopping the spread of epidemic diseases. The case is already provided for by Act of Parliament, and the failure is chiefly owing to the confusion which characterises the administration of sanitary law. We have also pointed out that the requirements of an epidemic cannot be met by the establishment of permanent hospitals, but that every large village or populous district ought to be provided with a site upon which temporary structures can be erected at a very short notice. This arrangement is less dangerous to the sick and to the public; the sick are tended by their friends, and do not suffer from the long journey to a county hospital, and the disease is confined within the infected district. We have already stated that the provision of one hospital is sufficient to meet the wants of all classes who are unable to secure proper isolation in their own homes. The proposal to establish a new hospital for women is certainly not to be

encouraged. There is already abundant hospital accommodation in the metropolis for all who really require it and are legitimately entitled to it. At Guy's, St. Thomas's, St. Bartholomew's, King's College, St. George's, and several other hospitals, special wards are set apart for this class of diseases, and in some cases special arrangements have been made for the performance of the graver operations of ovariotomy, &c.; whilst the Samaritan Free, the Hospital for Women, and others are always open to suitable cases. As for the proposal, which seems to be contemplated, of allowing women to undertake surgical operations of magnitude, we hope that the public will not countenance it in any way.

CONTAGIOUS IMPETIGO.

WE understand that a form of skin disease, the exact cause and nature of which were at first somewhat disputed, has lately appeared among the men belonging to a battalion of Foot Guards stationed at Dublin. As many as 100 soldiers are stated to have exhibited manifestations of the disease, which is local in its nature, and unattended by any constitutional disturbance. The affection consists in the appearance of numerous small vesico-pustules about the scalp and face, which soon dry up and scab over. We believe the medical officers consider that the disease closely resembles, if it be not identical with, that form of impetigo which Dr. Tilbury Fox has described as inoculable and possessed of contagious properties, and occasionally capable of assuming an epidemic character. Impetigo contagiosa is most commonly witnessed in children. It tends to run a definite course, and exhibits a tolerably uniform character, although it differs in severity and features at different times. Professor Köhn of Vienna, Dr. Taylor of New York, and others have recently confirmed Dr. Fox's views.

The outbreak in the Foot Guards originated among the children while the battalion was stationed at the Curragh, and the disease subsequently spread to the soldiers. In one or two cases its auto-inoculability was evidenced by the fact that some spots appeared on the skin of the arm from the head having rested upon this part during sleep. The old term "porrigo" probably comprehended this affection; but this term was not very definitively used, for it seems to have included several affections exhibiting scabs upon the skin, and possessing, or supposed to possess, contagious properties. The diseased manifestations being relatively insignificant, and hidden by the hair, their presence would easily escape detection; but the medical officers having very properly acted on the assumption that the disease is contagious, we may confidently expect that its progress will be arrested, and that the cure of the affected individuals will rapidly take place.

MEDICAL MEN ON TEETOTAL PRACTICE.

OUR teetotal brethren had a field-night of it at Exeter Hall on October 31st. They had things all their own way. The statements of the speakers will no doubt be circulated throughout the profession. In any detailed notice of them we should find many things to criticise. We prefer to give a few sentences from the speech of Mr. Bennett, of Winterton, which were more to the point than many other things that were said. First he gave a piece of remarkable autobiography.

"During the last thirty years my only drink has been cold water. I neither take any intoxicating drinks, tea, coffee, milk, nor anything else but cold water. I have on an average had to travel forty miles a day. I have frequently been from twelve to sixteen hours a day in my gig, exposed to heat and cold, and have been called up frequently once, twice, or thrice in a week to a distance of twelve miles there and the same back. I have done this during summer and winter, in the coldest weather, and, indeed, in all seasons of the year, my only drink being cold water."

The following is a striking piece of experience:—

"During the thirty-seven years of my practice as a total abstainer, I have never used one drop of alcohol as a medicine. Four years ago, in the town in which I reside, which contains only 1800 inhabitants, I was called upon to see 500 cases of typhoid fever. Every one of those 500 cases was treated without one drop of alcohol. And now the question is, did I lose more patients out of that 500 than I should have done had they been treated with alcohol? The statistics of the deaths by typhoid fever amount to from 16 to 25 per 100. I lost during that year 4 per cent.; and therefore the fact is established that fever—typhoid fever—one of the worst fevers we have to treat, may be treated, and treated successfully, without the use of intoxicating drinks."

We will only give one more extract.

"Dr. Garnett, a physician practising in London upwards of one hundred years ago, says that he never knew an instance of a teetotaler, or a person who abstained from intoxicating drinks, ever having the gout, and he never knew a person who had the gout who abstained for two years who ever had it afterwards. The result of my thirty-seven years' practice is the same. I have never yet met with a single person who had abstained from intoxicating drinks for two years that ever had the gout, and I never met with a person who had the gout who would abstain from intoxicating drinks for two years but was always cured. He may eat and drink what he likes, but if he does not take alcohol, I say, without fear of successful contradiction, that he will never have gout."

Indeed!

CEYLON.

WE have received information of a limited outbreak of fever of the remittent type among a number of the soldiers of the 73rd Regiment inhabiting a barrack-room at Colombo, in close proximity to the banks of a canal. It appears that the water in the canal in question was very shallow, and that the disturbance of the soil by craft, and in the process of deepening the channel, led to the evolution of malaria. The localised character of the outbreak at once pointed to this cause, and the rooms were vacated with the immediate effect of arresting the progress of the disease, which appears to have been a fever attended with rigors, headache, a considerable elevation of temperature, vomiting, and, in several cases, jaundice, and occasionally delirium. A few cases terminated fatally. Most naval and military surgeons who have served in warm climates have met with such cases under similar conditions.

THE HAMPSTEAD SMALL-POX HOSPITAL.

ON Tuesday last a large and influential deputation attended at Whitehall for the purpose of laying before Mr. Stansfeld the opinion of the inhabitants and owners of property in Hampstead that the present site of the Small-pox Hospital is unsuited as a permanent locality for the aggregation of persons suffering from contagious disease. The deputation were introduced by Lord George Hamilton, M.P., and Mr. Flowers, the chairman of the local committee, pointed out that the hospital was surrounded by houses, and in the immediate vicinity of a spot frequented during summer by many thousands of holiday-makers. In all the houses surrounding the hospital, except three, cases of small-pox had occurred, which, in the opinion of medical men, had arisen from the hospital. An infant school adjacent had suffered severely, and in Fleet-row, close by, there had been forty-seven cases in a row of seventy-eight houses. Property at Hampstead had deteriorated to the extent of £100,000, and the committee offered to provide another site and pay the cost of removal. Mr. Stansfeld

said he had no power to call upon the Asylums Board to make any sacrifices of its property to the injury of the great body of metropolitan ratepayers, but if that Board could be convinced of the propriety of removing the hospital, the Local Government Board might facilitate the operation. He would, therefore, recommend them to put their proposals into writing, and to submit them to the managers direct, or through him if they preferred that course. The deputation thanked Mr. Stansfeld for his courteous reception and advice, and retired.

A NEW FORM OF SENSITIVE FLAME.

MR. PHILIP BARRY, of Cork, sends the following account of a new and very beautiful sensitive flame to Professor Tyndall, by whom it has been published in *Nature*. It is, in Mr. Barry's experience, the most sensitive of all sensitive flames, though, from its smaller size, not so striking as Professor Tyndall's vowel flame. It possesses the advantage that the ordinary pressure in the gas mains is quite sufficient to develop it. The method of producing it consists in igniting the gas (ordinary coal gas) not at the burner, but some inches above it, by interposing between the burner and the flame a piece of wire gauze. With a pressure of $\frac{1}{10}$ lb. at the burner, a piece of gauze seven inches square may be placed on the ring of a retort stand, at a height of about two inches above the burner. The gauze may be ordinary window-blind wire gauze, with about thirty-two meshes in the lineal inch. The burner should be Sugg's steatite pin-hole burner, the same as used for vowel flame. The flame is a slender cone about four inches high, the upper portion giving a bright-yellow light, the base being a non-luminous blue flame. At the least noise this flame roars, sinking down to the surface of the gauze, becoming at the same time almost invisible. It is very active in its responses, and, being rather a noisy flame, its sympathy is apparent to the ear as well as to the eye. To the vowel sounds it does not appear to answer so discriminatively as the vowel flame. It is extremely sensitive to A, very slightly to E, more so to I, entirely insensitive to O, but slightly to U. It dances in the most perfect manner to a small musical snuff-box, and is highly sensitive to most of the sonorous vibrations which affect the vowel flame, though it possesses some points of difference.

"COMING TO ENGLISH."

THE proceedings at the last monthly meeting of the Bethesda Local Board of Health, as reported in the *North Wales Chronicle*, deserve a passing notice at our hands, in that they illustrate one of the besetting sins of our day, at the same time that they show what is the obvious remedy. The story, as told, is very long, but its substance is briefly this. A builder had been summoned for making without authority two cesspools to houses which he had built; and the defence was that the local board had passed the plans for the houses, well knowing that the drainage could not be carried out as shown upon the plan in consequence of there being no main sewer. On investigation, it turned out that the plan was passed without any proper examination; and it was upon the question of responsibility for this loose method of procedure that the chairman, Lord Penrhyn, administered such a "wigging" to the clerk of the board as might be read with advantage by all *laissez faire* officials of whatever degree. His lordship protested against the "slackness" evidenced by the occurrence in question, said he would not be responsible for the doings of the board unless matters were mended, and finally told the clerk: "If you don't do your duty better, you or I must go—that is coming to English." We heartily wish that there was more of this "coming to English" spirit abroad, and then we should hear less than we do of maladministration and negligence in places where the results are more important than at Bethesda.

THE FLYING SQUADRON.

ANOTHER flying squadron, under the command of Rear-admiral F. Beauchamp Seymour, C.B., is about to start for an extended cruise, which will probably last from fourteen to fifteen months, and will include visits to Madeira, the south-east coast of America, the Malabar and Coromandel coasts, and Mauritius. We cannot but think that the climatic varieties experienced during such a cruise might be studied by the medical officers of the squadron with great advantage and with very useful results. We have, up to the present time, recorded little else in connexion with these squadrons than some alleged pitiful economy in the matter of water, which caused much general recrimination, and produced no tangible results. But a well-digested report from the senior officer of this squadron would form a very welcome addendum to the Annual Report on the Health of the Navy.

DR. LIVINGSTONE.

ON Monday last, at the Royal Geographical Society, Sir H. Rawlinson, after a graceful tribute to the late Sir Roderick Murchison, stated that no direct information had been received at Zanzibar from Dr. Livingstone. The Arab merchant with whom the Doctor had proceeded from the south up to Manyameh, had passed on to Ujiji, and was daily expected at Unyanyembe, while it is inferred that the Doctor himself is still at Manyameh. Sir H. Rawlinson further intimated that, in consideration of Dr. Livingstone's services, her Majesty's Government had granted to his children the sum of £300.

THE EDINBURGH ROYAL MEDICAL SOCIETY.

WHEN we commented last week on the gathering of young men from all quarters of the world in Edinburgh to study medicine we almost wished ourselves students again. This feeling has been made stronger by reading Dr. Andrew Wood's inaugural address to the members of the Royal Medical Society. Dr. Wood, barring his Latin, to which we have referred elsewhere, must have been in his happiest vein of humour and good-will on the occasion in question. He reviewed the history of the Society. He showed that nearly all the Edinburgh graduates who have in after-years become eminent had in their student days distinguished themselves in that Society, instancing a roll of names which few other schools can boast of, from Benjamin Rush, of American fame, down to Sir James Young Simpson. The question among students is whether the advantage of belonging to the Society compensates for the loss of time. Few will hesitate after reading Dr. Wood's address, and all Edinburgh men will be grateful to him for words of loving justice to those of the past whose lives and teaching will be remembered for generations yet to come.

HYGIENE AFLOAT.

A VESSEL was placed in quarantine at Shields on Tuesday last, having arrived at that port from Dieppe with a case of small-pox on board. We may fitly take this as a text for the purpose of complimenting Mr. Netten Radcliffe on the very successful results of his conferences with the local authorities at the various North-eastern ports. Newcastle, Shields, Sunderland, Hull, Grimsby, and Leith are all now provided with an efficient sanitary system of supervision, which is kept in good working order, and according to in-

formation received has, up to the present time, prevented the importation of any cases of pronounced epidemic disease. The "powers that be" are just beginning to believe that our shipping really can, and actually does, import disease as well as other varieties of merchandise, and carries it, too, from town to town about the coasts of the kingdom. But it is noteworthy that the Northern ports, hitherto comparatively indifferent to the condition of our sailors at sea, are now endeavouring to show London and Liverpool the way to hinder, if not to stop, the introduction of these objectionable imports.

NATURAL SCIENCE SCHOLARSHIPS AT CAMBRIDGE.

TRINITY COLLEGE offers one or more scholarships, of the value of £80 a year each, for proficiency in the natural sciences. The examination commencing on April 5th will be open to all undergraduates of Cambridge or Oxford, and to all persons under twenty-one who are not members of the universities. Further information may be obtained from the Rev. E. Blare, one of the tutors of the College. St. John's College offers an exhibition of the value of £50 a year. The examination in chemistry, physics, and physiology will take place on the 12th of April, and will be open to persons under twenty who are not members of the University, and to undergraduates in their first term. Further information may be obtained from the Rev. T. Bonney, one of the tutors of the College.

SIR ROBERT CHRISTISON, BART.

THE circumstances under which this eminent physician obtained his baronetcy are as honourable to himself as to its bestower, Mr. Gladstone. It appears that a few weeks ago the Premier, on his way through Edinburgh, called on Dr. Christison and offered him the baronetcy. The Doctor declined it; but his friends, on hearing of the incident, thought that his characteristic reserve had gone too far, and were at no pains to conceal their sentiments. Mr. Gladstone no sooner became cognisant of this than he renewed the original offer, which this time was accepted.

THE CHOLERA.

THE latest intelligence from the East shows that the disease is spreading in Constantinople, and that cases have appeared all over the capital and the environs. Former experiences, and notably those gleaned by Dr. Dickson in 1848, go to prove that the epidemic increases after the feast of the Ramazan, which is just now commencing, and the advent of the Biram, when the Mahommedan women go to the bazaars to buy fruit for the celebration of the latter feast. No less than 33, out of 708 persons who compose the English colony in the city, have died of the epidemic.

Forty-one deaths from cholera occurred on board the ship *Franklin*, that arrived at New York from Stettin on the 12th ult. As vessels are continually arriving in the Thames from the latter port, we recommend the Thames Shipping Inspection Committee to reassemble, and get in motion their machinery of supervision.

The disease has reappeared at Sulina, at the mouth of the Danube, and foul bills of health are in consequence issued to vessels clearing from that port.

MEDICAL RELIEF IN CARMARTHEN.

WE are glad to observe that the Carmarthen Guardians have resolved to supply their medical officers with cod-liver oil, linseed meal, quinine, iodide of potassium, and opium. The Chairman read to the meeting the observations we thought it desirable to make on the subject, and also a letter from Cardiff, in which the clerk expresses an opinion that it would be advantageous to the sick poor, and ultimately economical to the ratepayers, if all medicines were supplied through a properly organised dispensary, instead of being provided by the medical officers out of their salaries. The arrangement was regarded as temporary, and the Chairman expressed his conviction that Parliament would legislate on the subject of medical relief next year.

NETLEY HOSPITAL.

WE are informed that the Assistant Commandant at Netley is about to retire, and we hope that so favourable an opportunity for reconsidering the organisation of the military establishment at that institution will not be lost sight of, but that the Secretary of State for War, with a view to economy as well as efficiency, will leave the medical staff to conduct the administration of their own establishments, on exactly the same principle, and for the same reason, that the colonel of a regiment is deemed the proper person to command it on parade or in action.

"HOSPITAL SUNDAY" AT MANCHESTER.

THE annual meeting in connexion with the "Hospital Sunday" Fund in aid of the Manchester and Salford medical charities was held in the Town Hall last week, the Mayor of Manchester presiding. The report of the Committee showed that the sum distributed among the charities, as the result of the last collections, was £3250, the basis of distribution being "the relative expenditure of the charities, less income from permanent endowment, and other income from sources not strictly charitable." It was decided that the collections for 1872 should be made on Sunday, February 11th.

THE medical testimony in favour of Dr. Stokes's treatment of the policeman Talbot, and signed by Mr. Cæsar Hawkins, Sir W. Fergusson, Mr. Curling, Sir James Paget, and Messrs. Prescott Hewett, Bostock, Erichsen, Birkett, and George Pollock, originated with Sir James Paget, in whose house the statement was drawn up. It is understood that the protest would have been much more numerously signed but for the desire of its authors to make it public without delay.

AT a meeting of the Hackney District Board of Works, Dr. Tripe reported that he had written to the Commissioners of Works respecting the filthy condition of the water in the bathing-lake of Victoria-park, but nothing had been done. He asked the board for power to take proceedings against Mr. Ayrton, in case the necessary work was not carried out, and the clerk of the board was of opinion that an action would lie against the Chief Commissioner of Works.

THE Falconer Memorial Fellowship, at the University of Edinburgh, which is of the annual value of about £100, tenable for two years, has been conferred on Mr. William Stirling, B.Sc. The Baxter Physical Science Scholarship, vacant by the appointment of Mr. William Stirling, B.Sc., to the Falconer Memorial Fellowship, has been conferred for one year on Mr. Alexander Hodgkinson.

FROM Dorpat, the great Baltic University to which science owes the researches of Bidder and Schmidt on the digestive processes, of Owsjannikow on the spinal cord, and of other able savans, is about to be removed to Vilna, in accordance with the Russianising policy which dreads the contagion of that German culture of which Dorpat has long been the seat.

We recently pointed out the necessity for special attention being paid to the sanitary requirements of the schools to be erected by the new School Board. On Wednesday, Mrs. Anderson, we are glad to observe, drew attention to the matter at the meeting of the London School Board, and got carried a resolution for the appointment of a sub-committee on the question.

Mr. D. Dalrymple, M.P., has returned from a three months' visit to America, where he has been gathering information at Chicago, New York, Boston, Albany, and other cities, as to the treatment of habitual drunkards—a subject on which he will again bring forward a Bill at the reassembling of Parliament.

We are asked to state that the number of matriculated medical students in the University of Edinburgh at this date (November 15th) is 599, of whom 209 are registered as first-year's students.

The proposal for a Conjoint Board in Scotland is still exercising the ingenuity of the various bodies in Scotland, but it would be premature for us to notice the matter in its present stage.

On Thursday last, Mr. Holmes tied the right common carotid and subclavian arteries, at St. George's Hospital, in a case of presumable innominate aneurism in a middle-age man.

Small-pox rages in Dublin. Five persons died of it last week; and the medical registrar describes Bedford-street as a "very hotbed of disease."

At the re-opening of the School of Medicine in Paris, the speeches of the professors, and the expressed sympathies of the students, were decidedly Republican in their tenour.

Professor Humphry has been elected President of the Cambridge Philosophical Society.

REPORT
OF
The Lancet Sanitary Commission
ON
NIGHT-NURSING IN THE LONDON HOSPITALS.

No. III.

At the *Middlesex Hospital*, which is nursed by a paid staff belonging to no particular association, we found a state of things which, to our mind, comes very near perfection. The lady-superintendent—as, in fact, is the case at most hospitals—is a person of enormous energy and great tact, and (what is not the case everywhere) works comfortably and smoothly with her superiors and subordinates. Her staff consists of forty-three nurses and nine sisters. To every thirty-five patients (the number contained in a group of two wards) are allotted one sister, four nurses, and one probationer. The four nurses take it by turns to go on night-duty—two on and two off. It is not usual for the sisters or probationers, unless under exceptional circumstances, to go on night-duty. There is a regular night-superintendent, who comes on duty every evening at nine o'clock, and who is expected, under ordinary circumstances, to visit each ward in the hospital three times every night; but if there is a special case in any particular ward, it is her duty to pay extra attention to it. This night-superintendent is a paid official, with a superior knowledge of her business She is, in fact, a forewoman among the nurses. Miss Thorold, the lady-superintendent, informs us that when first the night-superintendent was appointed the nurses resented in various ways what they ignorantly supposed to be a system of espionage. This, however, is now quite a thing of the past, and habit and education have had the effect of teaching them that the night-superintendent is, oftener than not, a very great assistance when emergencies throw an extra amount of responsibility on the nurses. The sisters sleep in small rooms adjoining the wards, and, if an emergency arise, the nurse can call the sister, who takes charge of the case, while she (the nurse) goes to fetch the medical officer. There is no means, as we think there might be, of summoning the night-superintendent by bell or telegraphic appliance. There is at the Middlesex Hospital a casualty night-nurse, whose duty it is to apply what dressings may be necessary for the casualty out-patients. There is also a very excellent rule to the effect that the resident officers are not to begin making their evening visit before nine o'clock, at which hour the night-nurses come on duty.

At *St. Thomas's Hospital* the theory of nursing receives the greatest attention, and we shall hope to find that the practice will, ere long, bear comparison with that of the best of our hospitals. Our readers are aware that one of the smaller pavilions of the large building has been given over entirely to the Nightingale institution, and here the Nightingale probationers undergo a systematic course of training, which is terminated by a practical and searching examination in the duties of the profession they have chosen. The nurses for the hospital are, for the most part, but not entirely, selected from the Nightingale probationers, and the general nursing of the hospital and the training department are both under the guidance of one lady-superintendent. There is a "sister" in charge of every ward. The sisters are all of them of a superior social standing to the nurses, and this, in the opinion of Mrs. Wardroper, the lady-superintendent, is most essential. There is one nurse on night duty in every ward; but, be it remembered, the wards at St. Thomas's are unusually large, and we cannot but think that one nurse must not unfrequently find herself rather overtaxed. The "sister" of the ward, who does no night-duty as a rule, sleeps in a room adjoining the ward, and in cases of sudden emergency it is the nurse's duty to call up the sister, and then, if need be, to summon the medical officer. This is her theoretical course of proceeding, but many of the nurses whom we questioned as to what they would do in case of a patient being seized with severe hæmorrhage for example, seemed to have no definite idea of their precise duty under such circumstances. In a place where the distances are so great as they are here, it is of much importance that a nurse should lose no time in deliberating her course of action, and we think it would be well to hang printed instructions in each ward. There is not as yet, but there is to be shortly, a night-superintendent; and we are glad to find that Mrs. Wardroper is fully alive to the necessity of having one, not only to see that the nurses are at their posts, but also to prevent any undue and unnecessary familiarity between the nurses and some of those with whom occasionally they have to act. This is a most important point, and one which those ladies who have the charge of a number of young and often attractive women do very wrong to ignore. It is frequently the case that the nurses in a hospital are watched most jealously during the hours of daylight, but are left entirely to their own devices during the far more dangerous hours of night. We know of one or two hospitals where students and nurses have seriously compromised themselves, and in such cases we hold that the lady-superintendents are very much to blame. It is their bounden duty to study human nature, and to know that "prevention" is the only cure for scandal. On the occasion of our visit, we were glad to find that there was not a single probationer on night-duty. The atmosphere of the wards, although not offensively bad, was in many cases by no means "fresh," and the supe-

rior state of the children's ward served to show that any number of patent ventilating shafts are not to be compared, for efficiency, to open windows. We were surprised to notice that in many cases the Parian cement, which helped in no small way to add to the cost of the building, has been daubed over with distemper, so that at present the walls of the wards are no better, from an hygienic point of view, than the lath and plaster of the most scamping of contractors.

The *Small-pox Hospital at Stockwell* is calculated to create a very favourable impression upon visitors. We never remember to have seen a more excellently-planned hospital, or one in which there was so great an aspect of comfort without the least indication of extravagance or of useless expenditure of money upon "fads" (we know no equally expressive term) or hobbies. The wards are remarkably cheerful and airy, and everything that is possible is done for the proper and thorough ventilation of them. The staff of nurses consists of fifteen, eight of whom are on day duty and seven on night duty. There is a regular night-superintendent, who visits all parts of the hospital periodically. The number of patients in the hospital on the occasion of our visit was 125. There was an abundant supply of beef-tea and milk for the night consumption of the patients, and, in addition, there was toast-and-water and an excellent "acid drink" made (after a formula of Dr. M'Cann, the medical officer) of dilute nitric acid, syrup, and tincture of orange. This acid drink was most agreeable, and calculated to make the example of Oliver Twist to be freely followed.* We found three delirious patients placed together in one ward, and, in addition to the ordinary nurse, one of the hospital porters was sitting up and helping to attend to their wants and necessities. Dr. M'Cann says he frequently resorts to mechanical restraint in those cases which require it. He never uses a strait-waistcoat, but always a sheet, which is merely fastened across the chest. This method of treatment is adopted solely because, in his opinion, it is the best, and not for the sake of saving trouble or labour. On the contrary, whenever a patient is restrained in this way, a separate attendant is appointed, whose sole duty it is to attend to the well-being and comfort of the one man. Dr. M'Cann is convinced that patients under restraint ought never to be left a moment without constant and careful attention.

The *Holborn Workhouse*, in the Gray's-inn-road, is one of those large, little known, but important hospitals of which many examples are to be found in London as parochial appendages which by no means find favour with the ratepayers. There are upwards of 200 sick paupers here, of whom the great majority are unable to leave their beds. There are 240 deaths in the year, or an average of 5 per week. The wards are low, close almost to offensiveness, and overcrowded; although they may be an improvement on the style of thing which was in vogue twenty years ago, they nevertheless cut a sorry figure when compared even with the worst-built of our general hospitals. The beds were excessively narrow, and the interval between the individual beds could not have been on an average more than a yard. In one ward we found thirty-one patients where there should have been at the outside twenty-three; and although we did not count the actual number in each ward, we do not think that this was an exceptional case. There are two night-nurses, one on the male side of the house and one on the female. Each of these nurses has the charge of seven wards, and not less than 150 patients. On the male side one of the inmates, in consideration of an allowance of extra beer and comforts, is placed in charge of each ward, and we found accordingly in every ward a slipshod fustian-clothed pauper (who was in one case seventy years old) performing some kindly or necessary office for those of his brethren whose sufferings more evidently demanded attention. Each of the night-nurses has a little room adjacent to, but not immediately communicating with, one of the wards—a snuggery in which it must be hard to keep herself awake during the night. The nurse on the female side has to cross an open court-yard to get to some of her wards. The night-nurses keep a book in which they enter the chief events of the night—the hours of visiting certain wards, the times of administering medicines, the hours of death, &c.; and the master assures us that he does not think that these night accounts are "cooked," and hinted that it would go very hard with anyone who was detected in doing so. The supply of nourishment and stimulant for the night was almost *nil*, but we did manage to see a sample of the beef-tea, which, as far as it went, reflected the greatest credit on the master; it was excellent. Neither of the nurses had received any instruction in nursing except what had been obtained in the infirmaries of other workhouses, and neither impressed us with the idea of efficiency. The whole house, inclusive of the bedding, was scrupulously clean.

* We tasted the beef-tea, which was not by any means first-rate, reminding us too much of Hampstead. We certainly prefer the old-fashioned beef-tea to the modern "extract" tea which is so much in vogue.

CONVERSAZIONE AT THE EDINBURGH OBSTETRICAL SOCIETY.

THE opening of the thirty-first session of this Society on the 8th inst. was inaugurated by a conversazione in its hall, 5, St. Andrew-square. The invitations issued by the President and Fellows included the names of the practitioners in the city and county, and the most of the corresponding Fellows in Scotland. In addition to the Fellows of the Society present, we observed Professors Maclagan, Lister, Spence, Sanders, Balfour; Drs. Littlejohn, Thomas Keith, Dycer, J. Smith, &c. &c.

The guests were received by the President, Dr. Charles Bell, who opened the proceedings by introducing Dr. Keiller to the meeting, as a former president of the Society, who had been selected by the Council to deliver an address. The subject chosen by Dr. Keiller was the "Progress of Obstetrics." The time allowed for the lecture did not permit of the lecturer going very deeply into the subject. He therefore took a comprehensive but necessarily cursory glance of this great subject, dwelling occasionally on some of the more important steps in the progress of obstetrical science. He also referred to the dangers the accoucheur and surgeon in the present day were occasionally exposed to in the exercise of their duties from actions being raised against them for mal-practice; but time did not permit of his entering upon the merits of the recent case at Stockton-on-Tees, in which he gave evidence for the defender. Referring to the success of ovariotomy, he, in complimentary terms, alluded to the grand results of our Edinburgh operator, Dr. Thomas Keith, and, before concluding, paid a tribute of respect to the memory of Simpson, a name ever well received in this Society. On the motion of Professor Maclagan, seconded by Dr. Turnbull, of Coldstream, a cordial vote of thanks was awarded to Dr. Keiller for his interesting address. The company then adjourned to another room where refreshments were provided and instruments and preparations exhibited.

Amongst the exhibitors connected with the Society were Prof. Simpson, Drs. Keiller, Matthews Duncan, Macdonald, Young, Ritchie, Professor Inglis (Aberdeen), &c. Professors Sanders and Turner also exhibited a series of preparations of injected uteri and placentæ of the lower animals. Mr. Archibald Young exhibited the utero-abdominal support and pessary of Dr. Charles Bell; a new midwifery forceps with one solid blade, by Dr. Hamilton, of Falkirk; Dr. Cappie's bayonet-jointed forceps, with long and short handles; a new hysterotome, by Dr. Coghill; Professor Inglis's short-handled forceps; Dr. Matthews Duncan's cephalotribe, and also his hollow sound and syringe for injecting the uterus. Mr. Mackenzie exhibited Dr. Gordon's new forceps, with locked handles and movable blades. Mr. Hilliard also exhibited a variety of obstetrical instruments and apparatus; and Mr. Gardner showed specimens of forceps, perforators, cranioclasts, &c. Mr. Hart showed electrical apparatus, an ingenious invalid's bell, and the apparatus for the application of the constant current.

After a very pleasant evening the company separated about ten o'clock.

A NEW DISPENSARY and a series of new apartments for nurses under training, in connexion with the Royal Infirmary, were formally opened at Glasgow, on the 11th inst., by the Lord Provost.

Correspondence.

"Audi alteram partem."

THE "SANITARY VICTORY AT CALCUTTA."

To the Editor of THE LANCET.

SIR,—I trust that you will kindly permit me to reply, very briefly, to that portion of Surgeon-Major Ross's letter which relates to the recent improvement in the general health of Calcutta, as it is the only part which has any real bearing on my argument.

I hold the amendment referred to to be due to three causes—viz., the appointment of a health officer; the supply of pure filtered water for domestic use; and the costly plan of drainage now in progress.

The improvement began with the assignment of the duty of regulating the scavenging, the markets, the tanks and ordinary sources of water-supply at that time, and the removal of nuisances generally, to a capable, energetic, well-paid health-officer, whose whole time and attention were devoted to the truly Augean task of cleansing that foul city. Dr. Tonnerre had been at work for some two or three years when I was appointed a justice of the peace and a member of the municipality. I had not visited the native city, except to drive through it, since I had ceased to reside in it. I remembered it only in its hideous deformity, as the abode of all that was unsightly and unsavoury. My first care was to accompany that officer in a close inspection of the markets, tanks, aqueducts, and other places of interest and importance in their relation to the public health. I failed to recognise many of the worst localities, so thoroughly had they been cleansed and purified. The latrines opening nearly everywhere into the drains, which had silted up, or had no water to flush them; the dead dogs, cats, and rats, and the figured coprolites floating in the watercourses, together with the putrefying animal and vegetable matters which in many places literally encumbered the high-ways and the bye-ways, had vanished and ceased to make their offensive presence known. The refuse of all kinds, which formerly in the less frequented parts of the town had been permitted to remain where they had been thrown, until the sun, the wind, and the rain, with the army of crows, kites, jackals, and other living scavengers had disposed of them, were now carted away daily.

The late Marquis of Dalhousie, when Governor-General of India, once told me that he seldom passed through the native city of Calcutta on the way to his country seat at Barrackpore, without being sick over the side of his carriage. His route was through the principal thoroughfares. The bye-ways, which would have poisoned him outright, have been drained long ago. One of the greatest pests of the city, the Brahminee bulls which used to infest the thoroughfares, were only got rid of when one of them upset the carriage of a Governor-General and nearly broke his neck.

With Dr. Tonnerre's work, then, began the improvements in the health of Calcutta, which has continued ever since.

Mr. Clark's drainage has doubtless been of the greatest possible use in the same desirable direction, and particularly in removing the stagnant subsoil water, which was previously the cause of much sickness.

But the chief and most efficient agent of all in the progress of purification has been, in my humble judgment, the recent abundant supply of pure filtered water. This is brought from a distance up stream, beyond the reach of the tides and the pollution of the river by the shipping, and its unwise use on the cloaca maxima of the city. The latter practice has, I hope and believe, ceased entirely. It is distributed throughout the city, so as to be within easy reach of the poorest inhabitant. I believe it to be no exaggeration to say that, prior to the bestowal of this priceless boon, there was scarcely a native or inhabitant of Calcutta, rich or poor, who did not procure his water-supply from a more or less impure source. In the crowded and poorer quarters of the city it was painful to witness, as I did daily, the putrescent sources from which large numbers of the inhabitants drew their supply of water for domestic use.

And yet, with all these causes of death and disease stalking abroad, the mortality rate of Calcutta was not so high as might readily have been supposed.

Mr. Ross's statement, then, does not touch my contention that water and all organic and refuse matters should be kept as widely asunder as possible, and that the danger of their union is much increased by shutting them up in closed channels. So long as the works are new and sound, the ventilation and trapping of the sewers in good order, and the connexion of the drains with the houses is in a satisfactory state, no great immediate danger may be perceived. I hope that I may be mistaken in believing this to be a very false state of security.

As to the argument that what is practicable in small communities by great attention to details, is impracticable in, and inapplicable to great cities, I was informed a few days since at Leeds that the whole sewage of Melbourne, a city covering a large area, and containing 200,000 inhabitants, is dealt with successfully by a perfectly dry process.

The recent action of Birmingham in preventing, as far as possible, the union of sewage and drainage, shows that, in so temperate a climate as that of England, the water-carriage of excreta in covered channels is not everywhere regarded as an entirely innocent proceeding.

I still remain of opinion, being acquainted with all that has been done and is doing in Calcutta, that the metropolis of British India might and ought to have been efficiently drained for less than half the cost of Mr. Clark's scheme; and that water-carriage, after incurring the very heavy burthen now laid on that city, will have to be abandoned in a not very distant future.

I am, Sir, your obedient servant,

FRED. J. MOUAT, M.D.,
Athenæum, November 4th, 1871. Justice of the Peace for Calcutta.

*** This letter must close the correspondence on the subject.—ED. L.

THE ELIMINATION OF POISONS.

To the Editor of THE LANCET.

SIR,—It appears, after all, that if I had not been dazzled by the splendour of Dr. Allbutt's eloquence, I might have seen that there is no essential difference between us.

I use the term "nature" in the sense in which I had supposed it to be universally understood, to express the functions of the living body, and I speak of nature and art, as contrasted terms, in the cure of disease; the result is that Dr. Allbutt and his friend are shocked to find that "nature is now-a-days taking the place of the Almighty"; whereas I had thought that nature—that is, the self-mending power of the living machine—is largely taking the place of the physician. It is now manifest that our creeds differ less than our forms of expression.

Dr. Allbutt, whose mind is deeply imbued with mathematical learning, adopts the phraseology of mathematicians in describing physiological processes; whereas to me this use of metaphor appears inappropriate, confusing, and misleading.

In conclusion, however, I beg to thank Dr. Allbutt for warning me that, in order to escape misunderstanding and controversy, it is necessary to avoid the use of any expressions which, by the ingenuity of an opponent, admit of being interpreted in a sense very different from that which was intended.—I am, Sir, your obedient servant,

Savile-row, Nov. 14th, 1871. GEORGE JOHNSON.

HUTCHINSON *VERSUS* WATSON.

To the Editor of THE LANCET.

SIR,—Your very opportune and just remarks on the above case render it almost unnecessary for me to refer to the monstrous injustice to which Mr. Watson has been subjected. After successfully repelling a groundless attack on his reputation by most convincing evidence, and after undergoing many months of anxious suspense with a heavy and unwarrantable charge of improper, negligent, and unskilful treatment hanging over him—unable the meanwhile to offer one word of defence,—he is called upon, after obtaining his "triumph of justice," to discharge all pecuniary liability, amounting to £150, the plaintiff being unable to

pay costs. The danger which every medical man incurs in encountering actions of this unjust character is a personal one. No one can regard himself safe from such a calamity, which may involve him in ruin. It is, therefore, the duty of every medical man to be true to the interests of our profession, to help to the utmost every brother practitioner who has the great misfortune of being a victim of a cruel and groundless charge of negligence and unskilfulness. In this case there was scarcely any evidence in support of the plaintiff, even if that of the plaintiff herself be included—a hysterical woman undergoing the pains of labour. The evidence in support of defendant's case was overwhelming. Dr. Keiller and other eminent practitioners exonerating the defendant from the serious charge brought against his reputation. Where is the remedy for the injustice which Mr. Watson is called upon to bear? There is indeed no remedy, except it be the partial one which his professional brethren may render him—the tangible support by which they may assist to bear the burden which has fallen so heavily on him. I need scarcely insist on the hardship of such a case. It is an injustice against the whole profession. The medical men of the district who are fully acquainted with the facts have generously supported Mr. Watson, and voluntarily came forward at the trial to give evidence in his behalf.

Subscriptions will be thankfully received by Dr. G. H. Hume, 55, Westgate-street, Newcastle-on-Tyne; by Mr. William Berry, 27, Steven-street, Glasgow; or by

Yours obediently,

GEO. S. BANHAM,
Secretary.

9, Russell-street, Stockton.

*** Mr. Watson's case seems to us one entitled to the sympathy of the profession. Medical men cannot always save each other from such ordeals as that through which Mr. Watson has had to pass. But they can greatly mitigate the trial by sympathy and help.—ED. L.

Obituary.

DR. JOHN DEMPSTER,

INSPECTOR-GENERAL OF HOSPITALS.

WE regret to learn that this officer, who was in possession of one of the good-service pensions, died on the 13th inst. at Edinburgh. Dr. Dempster served about forty-five years on full-pay, nearly thirty-four of which were passed on foreign service. He entered the service as hospital assistant on October 4th, 1813, and, after serving at the Cape of Good Hope for about five years, returned to England and was placed upon half-pay. In 1820 Dr. Dempster was restored to full-pay as a staff-assistant surgeon, and was appointed to the 72nd Regiment in 1821. From the 72nd Foot he was transferred to the 38th, with which corps he served in Bengal and Ava during the Burmese War in 1824, 1825, and 1826, including the capture of Rangoon, and was present at the storming of the stockades of Kammerdine and Kamaroot, and the battles of Rangoon, Kokim, &c. He afterwards served as surgeon of the 62nd Regiment in Madras, in which Presidency he remained until invalided to this country. In 1841, being then surgeon of the 21st Foot, Dr. Dempster embarked for India, where he remained until the return of his regiment to England. He was promoted to the rank of First-class Staff Surgeon in 1848, and to that of Deputy Inspector-General of Hospitals in 1852, when he embarked for Jamaica to assume the duties of principal medical officer. On leaving Jamaica Dr. Dempster received the thanks of the Major-General commanding for his services and co-operation. Under the provisions of the Royal Warrant of 1858, Dr. Dempster was placed on half-pay in January, 1859, on having attained the age of sixty-five years. It was at one time rumoured that the deceased officer had been recommended as the successor to Sir Andrew Smith as the head of the Army Medical Service. Dr. Dempster was a genial man, popular as a regimental surgeon, a good administrator, and deservedly respected by all who came into official or professional communication with him.

CALEB WILLIAMS, M.D., F.R.C.S.

ON the 5th inst., after an increased illness of a few days, died Dr. Caleb Williams, in the seventy-third year of his age, the oldest member of the medical profession in York. His early professional education was under Dr. Travis, of Scarborough, with whom he remained till he was twenty-one. He afterwards attended the schools of Guy's and St. Thomas's, in London, and spent a short time in those of Paris. At the age of twenty-five he commenced practice in York; in the same year he was chosen as visiting medical officer to the Friends' Retreat, where, assisted by the late Mr. Tuke, he was one of the earliest advocates of the non-restraint system, and more generally enlightened treatment of the insane. On the ground of declining health he resigned this appointment in April, 1871, after having filled it uninterruptedly nearly fifty years. In 1864 he succeeded Dr. Thomas Simpson as consulting physician to the York County Asylum. In 1832 the terrible epidemic of cholera broke out in York. In common with some of his fellow-practitioners, he was faithful to his trust in this severe visitation. For twenty years he occupied the chair of Materia Medica and Therapeutics in the York School of Medicine. This post he resigned in 1858. The school has since been closed. In addition to his connexion with two institutions, already mentioned, Dr. Williams was visiting medical officer to two private asylums in the neighbourhood of York. His large experience in the treatment of the insane gave him a widespread reputation, and his aid was sought for from far and near by the friends of this unhappy class. Fifteen years ago Dr. Williams appeared as the advocate of a wider range of the plea of insanity in criminal cases than judges, or jurors, or public opinion were then prepared to admit. In 1856 he made known his opinions, the results of long and careful observation, in a work "On the Criminal Responsibility of the Insane." Recent events have shown that public opinion now adopts wiser and more humane views on this subject. Dr. Williams's course as a practitioner was one of constantly increasing reputation. His skill and judgment in his medical career, of which his success is some guarantee, was united with refinement, courtesy, and gentleness of manner, that made him a favourite with his patients and their friends.

On the 9th inst. his remains were deposited in a vault in the Friends' Cemetery, Heslington-road. The funeral was attended by many members of the medical profession, by many of his fellow-citizens, and his friends from far and near. The large company was addressed by Mr. Isaac Brown, of Kendal, a minister of the Gospel, and an intimate friend of the deceased, and who referred to the Christian course and the bright example of his departed friend.

Dr. Williams has left a son, Mr. Isaac Williams, as his successor, upon whom we sincerely trust the mantle of a beloved and much esteemed father will fall.

Medical News.

UNIVERSITY OF LONDON. — The following is a list of the candidates who have passed the recent Second M.B. Examinations:—

FIRST DIVISION.

Allchin, William Henry, University College.
Ball, James Barry, University College.
Carr, William Ward, University College.
Carter, Alfred Henry, University College.
Elkington, Ernest Alfred, General Hospital, Birmingham.
Humphreys, John Henry, Gen. Hosp. Birm., and Univ.
Lucas, Richard Clement, Guy's Hospital.
Lyell, Robert Wishart, King's College.
Southee, Henry Edward, Guy's.

SECOND DIVISION.

Burn, William Barnett, B.Sc., St. Bartholomew's Hosp.
Cumberbatch, Alphonso Elkin, St. Bartholomew's Hosp.
Durham, Frederic, Guy's Hospital.
Harding, Alfred William, B.A., University College.
Ingoldby, Joseph Theodore, Guy's Hospital.
Martin, Henry Newell, B.Sc., University College.
Paget, William Smith, Liverpool School and Univ. Call.
Read, Charles, University College.
Wall, Alfred John, St. Mary's Hospital.
Westcott, William Wynn, University College.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having passed the required examination for the diploma, were duly admitted Members of the College at meetings of the Court of Examiners on the 14th and 15th inst.:—

Adams, Robert, Tavistock, Devon.
Atkins, Francis G., Barbadoes, West Indies.
Baber, Edward C., Thurloe-square, Brompton.
Bailey, Thomas, Birmingham.
Barlow, Thomas, Bolton, Lancashire.
Beech, Lionel, Grays, Essex.
Biggs, Moses G., Welford, Northampton.
Bridgman, Henry E., Kingsbridge, Devon.
Cockburn, John A., Birkbeck-road.
Coulter, William, M.D. Queen's Univ. Ireland, Belfast.
Coupland, Sidney, Streatham, Surrey.
Davoren, John L., M.B. Dublin, Wandsworth.
Davies, Arthur E., L.S.A., Penner House, Newport, Monmouth.
Duke, Douglas W., Upper Norwood.
Dustan, Henry, Jersey.
Elliott, Frederick W., Turnham-green.
Giffard, Douglas W., Guernsey.
Godrich, Alfred, Fulham.
Hammond, Robert E., St. Helens, Lancashire.
Hayes, Aylmer E., Tavistock-crescent.
Hill, Thomas Wood, L.R.C.P. & L.M. Edin., South Kensington.
Hodson, Wm. Edward, L.R.C.P. Edin., Bishop Stortford.
Hosking, Ethelbert, Woburn-square.
Jackson, James, L.S.A., Wootton Bassett.
Jackson, Thomas W., L.S.A., Leyland, near Preston.
James, William D., Islington.
Kilner, Walter I., Bury St. Edmunds.
Lang, John Messiter, L.S.A., Thatcham, Berks.
Lawrence, Henry, Clifton.
Lyth, John B., Sheffield.
Mackenzie, Lewis, the "Dreadnought," Greenwich.
Maisey, Frederick T., L.S.A., Cheltenham.
Marshall, John, L.S.A., Bolney, Sussex.
Meredith, William Henry, L.S.A., Netherton, Dudley.
More, James Huson, L.R.C.P. Edin., Manchester.
Newberry, Wm. John, L.S.A., Liverpool-road.
Parnell, Gerald C., Sussex-place, Regent's-park.
Price, Charles W., Merthyr Tydfil.
Raines, Charles, L.S.A., Hull.
Randolph, Charles, Milverton, Somerset.
Richmond, Onslow R., Hornsey.
Seymour, Francis, L.S.A., Odiham, Hants.
Sinclair, Daniel A., M.D. Victoria College, Toronto, Canada.
Thane, George D., Montagu-street.
Thompson, Henry, L.S.A., Hull.
Tims, Thomas Lamb, L.R.C.P. Edin., Warwick.
Turner, F. C., Guy's Hospital.
Wacher, Frank, L.S.A., Underdown, Kent.
Walker, Robert, Melbourne, Australia.
Wall, William B., L.R.C.P. Lond., Wedmore, Somerset.
Webb, Charles Frere, L.R.C.P. & L.M. Edin., Basingstoke, Hants.
Wesley, William Ken, Gloucester.
Wheeler, David M. B., L.S.A., Chelmsford.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Nov. 9th:—

Graham, George William, Winchester.
Mayne, Thomas, Devonport.
Seymour, Francis, Odiham.

As Assistant in Compounding and Dispensing Medicines:—
Wolff, Edward Parker, Evelina Hospital, Borough.

On the same day the following gentlemen passed their first professional examination:—

Alfred Edwards, University College; William Edwin Griffith, Middlesex Hospital; William Thos. Hawthorn, London Hospital; George Woodward, St. George's Hospital.

DR. ROBERT C. FLICKER, J.P., has been elected sheriff for the Borough of Berwick-upon-Tweed.

JACOB ROSENZWIEG, alias Dr. Ascher, indicted on a charge of causing the death of Alice Augusta Bowlsby by medical malpractice, has been found guilty and sentenced at New York to seven years' imprisonment. In passing sentence, the Recorder said that an indictment for murder ought to have been found.

FRACTURE OF THE HUMERUS BY MUSCULAR EFFORT.—A member of the London Scottish Volunteers, while amusing himself by "putting" a 16 lb. shot at Wimbledon on Saturday last, felt something snap in his arm, which instantly became useless. On being taken to Dr. Norton, of Putney-hill, it was found that the humerus was fractured, evidently by simple though violent muscular effort.

THE CHILDREN'S HOSPITAL, BRIGHTON.—A grand bazaar and fancy fair has been held in the Pavilion Dome, in aid of the funds of this institution, and appears to have been a great success. Since the opening of the hospital in 1868, 176 in-patients and 2394 out-patients have been recipients of its benefits. It is confidently anticipated that the proceeds of the bazaar will go a long way to remove the debt of £4000 still encumbering the charity.

Medical Appointments.

ALLEN, J., M.B., L.R.C.S.Ed., has been appointed Medical Officer for the Newmilns District of the Loudoun Parish, vice J. Davidson, resigned.

ALLEN, M. S., M.R.C.S.E., has been appointed Medical Officer for the Dudley North District of the Dudley Union, vice Thomas F. Higgs, L.R.C.P.Ed., M.R.C.S.E., resigned.

BOTTLE, A., M.D., L.R.C.P.L., M.R.C.S.E., has been appointed Resident Physician and Secretary to the General Dispensary, Birmingham, vice C. W. Philpot, M.D., resigned.

BUDD, W. A., M.R.C.S.E., has been appointed House-Surgeon to the North Devon Infirmary, Barnstaple, vice J. W. Cooke, M.R.C.S.E., resigned.

CAYLEY, W., M.D., M.R.C.P.L., has been appointed a Physician to the London Fever Hospital, vice J. Harley, M.D., F.R.C.P.L., resigned.

EVANS, J. H., L.R.C.P.Ed., L.F.P. & S. Glas., has been elected Medical Officer and Public Vaccinator for the New Wortley District of the Bramley Union, vice W. Autey, M.R.C.S.E., resigned.

GARTON, W., M.R.C.S.E., has been appointed Resident Clinical Assistant to the Hospital for Consumption and Diseases of the Chest, Brompton, vice Rose, whose appointment has expired.

GREAVES, C. A., M.B., M.R.C.S.E., has been appointed Surgeon to the Government Diocesan Training College for Governesses, Derby, vice A. G. Greaves, M.R.C.S.E., deceased.

HAVARD, D., L.R.C.P.L., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Newport District of the Cardigan Union.

HIBBERD, E., M.D., M.R.C.S.E., L.M., has been elected Medical Officer and Public Vaccinator for the Eastern District of the Parish of Paddington, vice F. G. Graves, M.D., M.R.C.S.E., resigned.

HUMBLE, T., M.D., has been reappointed a Medical Visitor of the Dunston Lodge Lunatic Asylum, near Gateshead-on-Tyne.

LOMAS, W., M.D., M.R.C.P.L., has been appointed Physician to the Finsbury Dispensary, vice W. Abbotts Smith, M.D., M.R.C.P.L., resigned.

MACTURK, W., M.D., M.R.C.P.L., has been appointed Consulting Physician to the Fever Hospital, Bradford, Yorkshire.

MARSHALL, J. I. F., M.R.C.S.E., has been appointed Medical Officer for District No. 3 of the York Union.

MAWSON, Mr. W. A., has been appointed Assistant Resident Medical Officer to the Leeds General Infirmary, vice Mr. E. Cox Hey, resigned.

MEADE, R. H., F.R.C.S.E., has been appointed Consulting Surgeon to the Fever Hospital, Bradford, Yorkshire.

MORGAN, F., M.R.C.S.E., has been appointed Medical Officer for District No. 2 B of the Honiton Union.

PHILIPPS, A., M.R.C.S.E., has been appointed Resident Medical Officer to the Finsbury Dispensary, vice L. J. May, M.R.C.S.E., resigned.

REED, W. H., M.R.C.S.E., has been appointed Certifying Factory Surgeon for the Stapley District, vice A. L. Peacock, M.R.C.S.E., resigned.

ROBERTS, W., L.R.C.P.Ed., M.R.C.S.E., has been appointed Medical Officer to the Coed-Talon Colliery Company, Mold, vice R. Platt, M.R.C.S.E., deceased.

SHANN, G., M.D., has been appointed by the Court of Quarter Sessions a Visitor of Lunatic Asylums in the East Riding of Yorkshire.

SUTHERLAND, D., L.R.C.P.Ed., L.R.C.S.Ed., L.F.P. & S. Glas., has been appointed Medical Officer to the Edinburgh Operative Tailors, vice Moir.

SUTTON, W., M.R.C.S.E., has been appointed Medical Officer of Health for Smethwick, Staffordshire.

WATSON, P. H., M.D., F.R.C.S.Ed., has been appointed Senior Acting Surgeon, and a Lecturer on Clinical Surgery, in the Royal Infirmary, Edinburg, vice J. D. Gillespie, M.D., F.R.C.S.Ed., appointed Consulting Surgeon after twenty-one years' active service.

WILLETT, J., M.D., has been appointed Medical Officer and Public Vaccinator for the newly formed St. Mary's District of the Atcham Union, Salop.

Births, Marriages, and Deaths.

BIRTHS.

BRUNTON.—On the 14th inst., at Limehouse, the wife of Linton B. Brunton, M.R.C.S.E., of a son.

CARRUTHERS.—On the 10th inst., at Finchley, the wife of James Carruthers, M.R.C.S.E., of a daughter.

ELLIOTT.—On the 13th inst., at Manor-road, Forest-hill, the wife of John W. Elliott, M.R.C.S.E., of a daughter.

LYLE.—On the 12th inst., at Westmorland-terrace, Newcastle-on-Tyne, the wife of Robert Lyle, M.D., of a son.

THOMAS.—On the 13th inst., the wife of William Thomas, F.R.C.S.E., of Bradford-street, Birmingham, of a son.

MARRIAGES.

ANDERSON—KEITH.—On the 2nd inst., at the Parish Church, Eaton, George Henry Anderson, M.D., of Lofthouse-in-Cleveland, son of Mr. George Anderson, of Cullerley, Echt, Aberdeenshire, to Jessie, eldest daughter of Alex. Keith, L.R.C.P.Ed., L.R.C.S.Ed., of Normanby, Middlesbro'-on-Tees, Yorkshire.

SUTCLIFF—CLARK.—On the 9th inst., at St. James's Church, Croydon, Joseph Harvey Sutcliff, Esq., of Ripley, Surrey, to Katherine Jane, fourth daughter of the late Robert Clark, Esq., of Farnham, Surrey.—No Cards.

DEATHS.

BROOKE.—On the 7th inst., John Brooke, M.R.C.S.E., of Stockport, aged 73.

BULLEN.—On the 11th inst., George Bullen, F.R.C.S.E., of Ipswich, aged 80.

CORRIE.—On the 30th ult., Joseph Corrie, L.R.C.S.Ed., of Thornton, Yorks.

ROWLAND.—On the 8th inst., Henry Orford Rowland, M.R.C.S.E., of Claydon, Suffolk.

SIMPSON.—On the 24th ult., Edwin Simpson, M.R.C.S.E., of Long Melford, Suffolk, aged 40.

WETHERHEAD.—On the 2nd inst., Thomas Wetherhead, of Prees, Shropshire, aged 55.

Medical Diary of the Week.

Monday, Nov. 20.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
MEDICAL SOCIETY OF LONDON.—8 P.M. Dr. Prosser James, "On Ozena."—Adjourned Discussion on Dr. Alfred Carpenter's paper "On Two Cases of Muscular Anæsthesia."—Casual communications by Dr. Wiltshire and Mr. Spencer Watson. — Mr. J. D. Harris (Shrewsbury), "On a Case of Skin-grafting under continuous Irrigation."

Tuesday, Nov. 21.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
PATHOLOGICAL SOCIETY OF LONDON.—8 P.M. The following Specimens will be exhibited:—Dr. Dickinson: Intra-Cranial Aneurism the Cause of Sudden Death. Dr. Bäumler: Aneurism of the Innominate Artery, compressing the Pneumogastric Nerve. Dr. Hawkes: Horse-shoe Kidney. Mr. Spencer Watson: Ulcer of the Lower Eyelid, removed by Dr. Swift Walker. Mr. H. Arnott: Results of Excision of the Elbow-joint;—&c. &c.

Wednesday, Nov. 22.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 2 P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
CANCER HOSPITAL.—Operations, 3 P.M.
HUNTERIAN SOCIETY.—8 P.M. Dr. Ward, "On Cases Illustrating the Sequelæ of Ague and Malarious Remittent Fever."

Thursday, Nov. 23.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.

Friday, Nov. 24.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
QUEKETT MICROSCOPICAL CLUB.—8 P.M. Mr. M. C. Cooke, "On Tremelloid Uredines."
CLINICAL SOCIETY OF LONDON.—8½ P.M. Papers by Dr. Anstie and Dr. J. W. Ogle.—Dr. Glover, "On a Case of Uncomplicated Aphasia."—Dr. Moxon, "On Symptoms of Cranial Tumour destroying Nerves, cured by Iodide of Potassium."—Dr. Habershon, "On Cases of Heart Disease."

Saturday, Nov. 25.

HOSPITAL FOR WOMEN, Soho-square.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

Notes, Short Comments, and Answers to Correspondents.

SUSPICIOUS AFFAIR AT ROCHDALE.

THE body of a woman has been found in a canal near Rochdale, after an apparent immersion of ten days. The death was attributed to suffocation. Several ribs and both arms were broken; but these injuries were attributed by the medical witness to coming into contact with the canal boats. The jury arrived at the undeniable verdict of "Found dead." The case looks extremely suspicious, and seems to call for further inquiry. The *Rochdale Pilot*, probably unintentionally, misreports the medical witness, not only when it represents him attributing such malevolence to the canal boats, but when it adds that from the general contour of her features the doctor expressed his belief that the deceased belonged to Staffordshire.

Dr. Day-Goss and others will see that the subject of "Well-oiled Urethra" has attracted the attention of several correspondents.

"CRAMBE REPETITA."

THE British public, according to Mr. Disraeli, is much in want of a new set of images; and if anyone could supply our public speakers and writers with fresh substitutes for the fetid commonplaces which fall so glibly from tongue and pen, he would do the fourth estate a service. When a man "has no hesitation in saying" that he will "leave not a stone unturned" till his efforts are "crowned with success"; when he sheds "a flood of light" on a "fertile source of error"; when he is "free to confess" that "come what may" he will fight "to the bitter end," we owe to being (as he would say) "on the tip-toe of expectation" as to whether he will spare us an allusion to the "length and breadth of the land," or subject us to the torture of "last not least." Dr. Andrew Wood's address, however, which we have noticed elsewhere, reminds us that a new set of classical quotations would be as great a boon to the orator or journalist as Mr. Disraeli's new set of images. The doctor, in the course of an enumeration of the old lights of the Royal Medical Society of Edinburgh, as formidable as Homer's "Catalogue of the Ships," contrives to bring in a host of Latin phrases, every one of which has (as Mr. Disraeli said of Sir Robert Peel's quotations) already "received the meed of parliamentary approbation." After wading through his three columns of the *Edinburgh Courant*, thickly sown with "*salus ægrotantium*, etc."; "*laudator temporis acti*"; "*vox faucibus hæsit*"; "*nullius addictus*, etc."; "*noctes cœnaque deum*"; "*decus et tutamen*"; and other venerable friends, "*quos* (as he himself actually says) *præscribere longum est*," we emerge into the light of modern day with a sigh of thanksgiving that the doctor has refrained from expressing his dread of the "gift-bearing Danai" or his resolute impartiality towards "Trojan and Tyrian." His self-denial has, doubtless, been such that we are almost inclined to exclaim with him, "*credite posteri!*" The antiquity of the doctor's classical auxiliaries, which have really seen more service in the modern than in the ancient era, is so awful to contemplate that common humanity should place them where Mr. Charles Lever placed his Greek—"on the peace establishment." But we fear they will continue to be mobilised and to fall into the march of speech or essay till a better taste and a truer scholarship disband them, or till the provincial lecturer imitates his metropolitan brother in actually addressing first-year's students without bringing in from that falsetto ode of Longfellow's—

"Let us then be up and doing,
With a heart for any fate!"

Miles.—The next examination will take place in February. Application should be made to the Director-General of the Army Medical Department, Whitehall-yard, S.W.

Verri had better consult Dr. Spencer Cobbold's work on the subject. The smaller volume by that author is inexpensive.

Dr. John Dougall (Glasgow) shall receive a private communication.

EQUITY.

To the Editor of THE LANCET.

SIR,—I should have been content to leave this matter as it stands to be judged by the profession at large, without further trespass on your time and space, were it not that your severe comments implying that I had been guilty of *suppressio veri* and *suggestio falsi* have not yet been withdrawn, notwithstanding that I have sent the fullest proofs of my original statement, and notwithstanding, moreover, that Mr. Hoehee himself no longer makes any attempt to deny the facts, but relies on a repetition of his plea of justification based upon the *letter* of the agreement.

Under these circumstances I must beg that you will give insertion to this, my last communication on the subject, and that you will, as you promised in your issue of the 28th ult., reconsider your verdict.

Has Mr. Hoehee's last letter made any change in his favour? On the contrary, does not the "copy of letter sent to patients at time of transfer," which he publishes, afford still stronger proof that it is Mr. Hoehee's duty at all times to assist to improve my practice by recommending me to patients who reside in this district, rather than to ignore my existence altogether?

I am, Sir, your obedient servant,

Church End, Finchley, Nov. 13th, 1871. ALFRED WRIGHT.

*** We regret that Dr. Wright should feel annoyed at our criticism, which does not deserve the character he has given it. It is to be lamented that two gentlemen should be bound by an impracticable agreement, which, we fear, must lead them into difficulties. As the particular patient referred to consulted Mr. Hoehee without solicitation on his part, it must, we think, be understood that she acted "of her own free will." Mr. Hoehee might have mentioned having sold his practice to Dr. Wright; but we imagine this would not have altered matters.—ED. L.

Chromato-Pseudopsia.—A complete index to the literature of the subject down to 1865, and a full discussion of its physical and physiological bearings, will be found in the *Physiologische Optik* of Helmholtz, of which a French translation, by MM. Javal and Klein, is published by Victor Masson. There is really nothing worthy of notice as regards the pathology of morbid or acquired colour blindness, although efforts have been made by Galezowski and others to connect it with definite forms of disease. At present the data that have been collected are insufficient for this purpose.

Fair Play has omitted to enclose his card.

C. H. (New York) sends us a five-frank piece for a prescription, which we regret it is quite out of our power to give him, nor do we see how to return his money. If he takes our advice he will consult a respectable practitioner in New York before proceeding on his voyage.

CHOLERA MAPS.

UNDER this head our excellent contemporary, the *Indian Medical Gazette* of October 2nd, makes some very sensible remarks. It says the cholera map of the period consists of a daub of ochre-wash painted on a sketch or outline map of a certain area. The comparison of infected with non-infected areas on such maps shows that one is white and the other yellow, and very little besides. The subject of cholera is fast making a literature possessing a terminology of its own. We hear of endemic and epidemic cholera areas, and of cholera waves, and of revitalizations, all of which is very much like darkening counsel with words. The Army Sanitary Committee have set on foot a series of investigations of so extensive and exhaustive a character that it is just possible the disease, like the epidemics of the middle ages, may have passed away and been replaced by a new one before the scheme of the Committee has been half worked out. Knowledge is knowledge of course, and the observation and collection of facts of all kinds will, no doubt, add to our stock of information; but whether the knowledge gained in these respects will throw any great light upon the causes of cholera is another matter. It strikes us that an exhaustive investigation is a well-nigh hopeless undertaking, where we are required to examine, weigh, analyse, and register everything in the heavens above, the earth beneath, and the waters under the earth. Then, again, we have another set of inquirers, who start some hypothesis like the "germ theory" of disease, and then proceed to argue about germs and their destruction after a fashion which they would only be entitled to follow in the case of well-established doctrines. It is even more necessary to avoid the contagion of hypothesis than the hypothesis of contagion in studying disease. We fully believe, however, that the evidence in favour of the portability of cholera by human beings, and of its dissemination through water as a vehicle, to be of the strongest kind; and, what is more, we venture to prophesy that a good and pure water-supply will do more towards lessening the mortality from that disease in India than anything else. A study of the laws of epidemiology is, no doubt, of vast importance; but as practical men, desiring to avoid the labour of collecting a vast mass of materials with little or no regard to their relevancy to the subject in hand, we confess that, as it is only human units who manifest cholera, we agree with our contemporary in thinking that we require "to study instances and units more closely, and to better effect, than we have done yet, and to be more elaborate and minute in analysing particular events and their immediate relations."

Inquirens must not blame us if any omission has arisen. We always publish the lists as furnished to us by the examining boards.

Dr. Wolfe's letter shall be inserted in our next number.

PROSPECTS OF THE ARMY ASSISTANT-SURGEONS.

To the Editor of THE LANCET.

SIR,—The assistant-surgeon whose place on the 30th June, 1866, was 700th, I find by the monthly Army List for July, 1871, is now 443rd. He has gained 257 steps towards his promotion in five years. By what means has he thus risen? By the promotion of assistant-surgeons to the rank of surgeon; and by casualties, such as deaths, resignations, &c. I find that less than 150 promotions have been made during the same period of five years; and thus No. 700 of 30th June, 1866, has risen about 107 places by casualties amongst his seniors. Assuming that these conditions of the last five years will continue—viz., promotion at the rate of 25 per annum, and casualties at the rate of 3 per cent. per annum,—I have calculated the table below, which I beg leave to submit to the grave contemplation of the officers concerned; and I shall feel much obliged to any mathematician, actuary, or officer of experience, who will point out to me any error to the advantage of the assistant-surgeons. The results which I have obtained are—dismal and utterly disheartening though they be—too promising, for these reasons: The promotions during the past three years have not averaged 17 per annum, and when I take the casualties at 3 per cent. per annum it is too high an estimate. It is correct for 700; but as men rise, the percentage of casualties becomes less amongst the diminishing numbers above them. I have calculated on these diminishing numbers at the constant percentage of 3.

Date of Commission.	Probable date of Promotion.	Service.		Date of Commission.	Probable date of Promotion.	Service.	
		yrs.	mo.			yrs.	mo.
Seniors of 1858	May, 1873	15	4	Juniors of 1858	Aug., 1876	17	8
,, 1859	Aug., 1876	17	7	,, 1859	May, 1878	18	7
,, 1860	May, 1878	18	4	,, 1860	May, 1879	18	7
,, 1861	May, 1879	18	1	,, 1861	Sept., 1879	18	3
,, 1862	Sept., 1879	17	6	,, 1862	Aug., 1880	17	10
,, 1863	Aug., 1880	17	4	,, 1863	Dec., 1881	18	3
,, 1864	Dec., 1881	17	9	,, 1864	May, 1884	19	8
,, 1865	May, 1884	19	2	,, 1865	July, 1885	19	10
,, 1866	July, 1885	19	4	,, 1866	July, 1886	19	9
,, 1867	July, 1886	19	3	,, 1867	Oct., 1887	20	0
,, 1868	Oct., 1887	19	7	,, 1868	April, 1889	20	6

I am, Sir, your obedient servant,

November, 1871. VINCIT VERITAS.

M.D. London.—In our article on the Brown Institution we inadvertently used the word *Walworth* instead of *Wandsworth*. The institution will be found in the Wandsworth-road, nearly opposite the gates of the Nine Elms Goods Station (as was stated in our article). The buildings are very unpretending in appearance, and had, when we saw them, no mark by which they could be distinguished from ordinary stables or workshops. They are new buildings, and will be found in the position indicated.

UNWHOLESOME MEAT.

AT Worship-street Police Court on Monday last, a provision dealer and his assistant were fined respectively £20 and £5 for having offered for sale meat unfit for human food. The spasmodic seizures of unwholesome meat which now and then occur appear quite inadequate, even when accompanied by the fining of the offenders, to put a stop to the dishonest gains of those who sell it, and the slow poisoning of those who buy it. The *salus populi* demands more systematic and better organised efforts than at present obtain to check a trade practice of which the effects are not the less serious because difficult of accurate estimate. It is not surprising that cheapness, though associated with nastiness, should prove an irresistible bait to hungry mouths. But it may be hoped that the increased importation of Australian beef and mutton, which are wholesome as well as cheap, will, in respect of one class of food, serve to lessen, if not to remove, the nefarious profits on the part of salesmen, and the temptation to false economy on the part of needy purchasers.

Sigma.—There is no objection to our correspondent holding both appointments.

MEDICAL EVIDENCE AT CORONERS' INQUESTS.

WE have been requested to publish the following correspondence:—

Frome, August 3rd, 1871.

DEAR SIR,—I was surprised on reading the *Frome Journal* to learn that you had thought proper to receive medical evidence at the inquests holden by you during the past week on the bodies of Thomas Glass and Rebecca Payne, two cases of the simplest and most unmistakable character, and in which, I venture to say, professional evidence was wholly unnecessary; indeed that deposed to by Mr. Knight was not professional in any sense. In the case of James Tanner, found drowned on July 1st, 1871, it was not deemed necessary to examine a surgeon. It was a very similar case, though not quite so palpable as the former ones; but differing in one fact, that it was within walking distance of the station, so as to enable you to catch the next down train. Your having departed from your usual practice in the cases of Glass and Payne, and the extraordinary way in which professional attendance was procured, appear to me to be so improper and indefensible that I shall consider it to be my duty, at the proper time and place, to challenge the propriety of your conduct.

I am, dear Sir, yours obediently,

Jon. Wybrants, Esq., M.D. EDWIN BUSH.

Wincanton, October 28th, 1871.

DEAR SIR,—Enclosed I send you a copy of a letter I have addressed to Mr. Bush by desire of the Finance Committee; and thinking it fair you should be acquainted with the grounds of Mr. Bush's complaints, I send you a copy of his letter. Yours faithfully,

Dr. Wybrants, S. Mallet. H. MESSITER.

[COPY.]

Wincanton, October 28th, 1871.

DEAR SIR,—I am requested by the Finance Committee to intimate to you that your letter complaining of the conduct of Dr. Wybrants upon the occasion of certain inquests held at Frome was read and considered by the Committee, and they resolved, as is the usual custom in such cases, that both of you should be requested to attend the next meeting of the Committee on the first day of the next sessions at Taunton early in January, 1872, in order that the charge contained in your letter may be then investigated and determined. Yours truly,

E. Bush, Esq., Frome. H. MESSITER.

[COPY.]

Frome, October 12th, 1871.

SIR,—Under the impression that Sir E. Strachey was Chairman of the County Finance Committee, I took the liberty of addressing him last week on the subject of my wishing to take exception to the unnecessary expenditure incurred by Dr. Wybrants, the coroner for this division of the county, at inquests holden by him in this parish during the current quarter, and expressing a hope that I may be afforded an opportunity of stating my case to the Committee.

In reply, Sir E. Strachey informed me that he had ceased to be Chairman, that a new one would be elected on the assembling of the Committee, and advised my forwarding any communication I may wish, directed to "The Chairman of the Finance Committee," under cover to and to the care of the Treasurer, Mr. H. Messiter. Acting on that advice, I take the liberty of introducing the question to the attention of the Finance Committee, and respectfully appealing to them that they will not sanction the payment of the fees disbursed by the coroner at the inquests holden by him in this parish on the bodies of Thomas Glass (July 24th) and Rebecca Payne (July 27th) until an investigation shall have been instituted by them for the following amongst other reasons—viz.: That the coroner acted irregularly and *ultra vires* in voluntarily importing professional evidence in both instances; that such evidence was wholly uncalled for and unnecessary; that in the case of Glass it amounted to *nil*, and in that of Payne it was contrary to facts, as they were observed by the foreman of the jury (who witnessed the accident), and the medical attendant of the family, who was summoned immediately after the occurrence and inspected the body; that the surgeon so thrust into the inquiries had never been in any way associated with the parties during life; that the police had procured all information and evidence necessary for the guidance of the juries; that both inquiries having been conducted at a distance of a mile and more from the town, Dr. W. requested the police on the warrant sent to them to tell Mr. Knight (the medical witness) to meet him at the railway station (with a horse and gig), presumably to enable Dr. W. to get back in time to catch the next down train (12.40 P.M., having arrived at 11.15 A.M.); that in a similar case on July 3rd, though not quite so palpable, in the town, and within sight of the railway station, no cab was required, and no surgeon was called; that Mr. Knight acted in the capacity of cabman, but the county was made to pay the fares in the shape of fees for evidence before the coroner, and between the two a very discreditable and immoral act was consummated.

I shall be prepared, if called upon by the Finance Committee, to appear and substantiate my objections. I informed Dr. W. soon after the occurrences of my intention to challenge his conduct.

I have the honour to be, Sir, yours very obediently,

EDWIN BUSH.

The Chairman of the County Finance Committee, Wells.

OUT-PATIENT HOSPITAL REFORM.

AN animated correspondence has taken place in *The Times* between the Rev. Mr. Kitto, of Poplar, and Dr. W. H. Stone, of St. Thomas's, relative to the abuses of the out-patient department of the public hospitals, and as to the indifference on the part of the Governors of our Royal hospitals. Although we are inclined to think that it would not be wise to leave the question of the admission of patients in the hands of medical practitioners exclusively, we are certainly of opinion that their recommendation should be entitled to all respect, and we have no fear whatever of such power being exercised either with "tyranny or extortion." Nevertheless, Dr. Stone should not forget that it has been resolved by one of the largest professional meetings ever held that there exists a great and increasing abuse of out-door relief at our various hospitals and dispensaries, and the reports which we published two years ago, and which gave rise to the meeting in question, distinctly proved that the Royal hospitals were the worst offenders. Nor can it be denied that the Governors of the Royal hospitals have exhibited a very culpable indifference to the evil of indiscriminate medical relief. They are demoralising the working classes, and relieving them from the necessity of exercising any forethought as to sickness. They are inflicting great injury on the medical practitioners residing in their neighbourhoods; but, worst of all, they are actually obstructing the way for provident dispensaries, which ought, according to the resolutions of the same meeting, to be greatly enlarged and multiplied.

Mr. G. Hartridge (Shrewsbury) will find that the subject of his communication is noticed in the present number.

SUBCUTANEOUS INJECTION OF MORPHIA IN CHOLERA.

To the Editor of THE LANCET.

SIR,—I wish to bring, briefly at present, before the notice of the profession the short experience I have had of the effects of the subcutaneous injection of morphia in the treatment of Asiatic cholera.

Soon after the outbreak of the disease in this suburb on the Golden Horn, where all the English mechanics working in the Imperial Arsenal reside, Dr. Patterson, the surgeon to the British Seamen's Hospital in this city, and I, having repeatedly failed in giving permanent relief to the most urgent symptoms of the disease by almost all the agents usually employed for such a purpose, decided upon giving a trial to the subcutaneous injection of morphia, merely hoping, at that time, to quiet thereby the great excitement of the nervous system in the presence of a mortal disease, and to allay the irritability of the stomach to the extent of allowing other remedies to be retained. To our great delight, and to the unspeakable comfort of our patients, we found in the first two or three cases that there was no further occasion for drugs of any sort; for in fifteen or twenty minutes after the injection the patients fell into a calm sleep, from which they awoke in two or three hours bathed in a warm perspiration, and expressing themselves as feeling "quite well again." After such success we were, of course, encouraged to persist, and I have now before me the records of twenty-two cases in which I used it with the most beneficial results. I have not time to enter into the details of each case; but I may say generally that there is hardly a condition known in the active stages of the disease in which I did not find the method of great use—violent vomiting; severe and persistent cramps in all the limbs and in the chest, so strong as to jerk a man out of bed; dyspnœa almost threatening suffocation; reduction of temperature to such an extent that every part of the body, tongue included, felt icy cold to the touch; diarrhœa so urgent as to be evacuated in bed before help could be given by the attendants; paralysis of the sphincter ani, so that stools were passed unconsciously; the facies cholerítica in all its ghastliness; with the circulation so weakened that the pulse was imperceptible at the wrist. Any of these conditions I have seen completely and permanently removed by one injection of morphia. In several cases I had, upon the recurrence of the symptoms in two or three hours, to repeat the injection, and in one or two instances I had to do it a third time—perfectly successful in all cases in mitigating the sufferings, and thus diminishing the consequent exhaustion. The dose of morphia injected varied from the one-twelfth to the one-half of a grain, according to the age and the circumstances of the patient.

I am, Sir, yours, &c.,
AUGUSTUS WEBBY, M.D. Edin.

Haskeni, Constantinople, Nov. 1st, 1871.

Mr. J. P. H. Boileau.—The ex-Professor of General Pathology in the University of Edinburgh is a homœopath, and was so during the time in which he filled the chair. Probably he was the man of soundest mind among the homœopaths in this country. Of course one swallow does not make a summer. We must refer our correspondent to the journals of the period for an answer to his second question.

P. P. S.—We cannot pretend to decide on the merits of practitioners. The gentleman in question is, undoubtedly, a respected member of the profession.

THE MEDICAL REGISTER AND THE MEDICAL DIRECTORY.

To the Editor of THE LANCET.

SIR,—Some years ago, when I went to register my medical qualifications, I requested the clerk at the same time to register my degree of M.A. His reply was that they did not register literary degrees. This I considered, and still consider, a hardship. It was, however, in some measure compensated for by such degrees being inserted in Churchill's Directory. If it be now intended to omit them, together with foreign medical degrees, from this, it will be an act of great injustice, and something like cashiering a number of officers without due cause. If this determination be persisted in, possibly some enterprising publisher may be induced to give us (and the public) a *correct* list of the medical profession, without a quantity of extraneous matter which is of really very little use, at say half the cost of the present Directory.

Your obedient servant,
ANOTHER REGISTERED PRACTITIONER AND MASTER OF ARTS.

November, 1871.

TRUTH OR FICTION?

IN his last monthly Report on the Health of the Parish of Marylebone, Dr. Whitmore makes a vigorous attack upon the article by Miss Octavia Hill, on "Blank-court, or Landlords and Tenants," which appeared in the October number of *Macmillan*. That article, it may be remembered, described in forcible terms the means by which certain property in Blank-court—or Barrett's-court, as Dr. Whitmore identifies it—was brought from a deplorable condition into one of an opposite character, the tenants exhibiting by their improved conduct their appreciation of the altered state of things. Dr. Whitmore says that as the court in question is in his district, it is his duty to dispel the illusion which Miss Hill has created. He asserts that the court was not in so bad a sanitary condition as Miss Hill says it was when she took it in hand, and that "in those houses which have the advantage of this lady's management but little or no improvement, as regards the removal of nuisances injurious to health, has been effected." Nay, he goes further, and says that, according to the reports of his inspectors, Miss Hill's houses were, as recently as October 19th, "in a much worse sanitary condition than either of the others" in the court. The catalogue of defects reported by the inspectors is certainly amazing if read by the light of Miss Hill's narrative, and it must be obvious that the lady cannot leave the matter as it now stands.

Meddled.—In the country it is the custom for the new-comer to call on the resident medical men. In London there is no such rule. It is not a question of morals. In the case submitted to us, Dr. A. should take the initiative; but there would be nothing but grace and kindness in Drs. B., &c., anticipating him.

D. P.—The Council meeting for this month has been postponed in consequence of the examinations; but will be held on Thursday, the 23rd.

WELL-OILED URETHRA *vice* WELL-OILED CATHETER.

To the Editor of THE LANCET.

SIR,—Perhaps Mr. A. E. Barrett, of Grimston, Lynn, Norfolk, will be surprised to hear that "his plan" of injecting oil into the urethra is not new, but was introduced many years ago by Mr. (now Sir) Henry Thompson, and published by him in the second edition of his work on Stricture, page 179. The plan is fully detailed also in Druitt's Surgeon's Vade-Mecum, published in 1865, so that it has been long known and practised in difficult cases by most surgeons.

I am, Sir, yours truly,
ONLY A COUNTRY DOCTOR.

November 12th, 1871.

*** We have received several communications of a similar effect to the above.—ED. L.

Quina.—Whenever any abatement takes place in the symptoms, it is advisable to give large doses of quinine; and if the patient cannot swallow, it may be administered by enema or, still better, by hypodermic injection. The use of the alkaloid by the last-named plan has been followed in India with success, as our correspondent will perceive by reference to the back numbers of THE LANCET.

COLD WATER TREATMENT OF FEVERS.

Mr. A. B. Munro, M.B., of Melrose, N.B., furnishes us with some suggestions from his experience of the application of water as a curative agent. Instead of cold sponging of the surface or prolonged immersion in cold water, which might, in cases accompanied by great debility and nervous prostration, possibly be attended with a shock to the nervous system that would more than counterbalance the salutary reduction of the temperature, he calls attention to an infinitely preferable and safer method of applying the water treatment, especially in fever cases:—

"An ordinary bed is used, everything being removed from the mattress, on which a pillow for the head is placed. Cover the mattress and pillow with a couple of blankets, dip a sheet in water (cold or more tepid according to urgency of febrile symptoms and strength of patient), wring out the sheet, lay it on the blankets, place the patient on the sheet, and tuck in first one side and then the other closely around him; do the same with the blankets till the patient is comfortably 'packed,' as it is termed. Over the whole lay several blankets, and, to prevent any tendency to headache, apply a wet handkerchief to the head. The patient remains in this position as long as comfortable, during which time he perspires freely. As soon as the sheet appears getting dry and hot, it should be removed, and the patient lightly sponged with cool water. It may be taken as a safe rule to apply the pack whenever the skin is hotter and the pulse quicker than natural. Also it may be repeated again and again with perfect safety while these indications exist."

Allopathist.—It would be a pity to give importance to the institution in question or to the individuals by any special notice. There is the usual weak parson to testify to the efficacy of the globules; but it is for the parson to consider whether such an alliance is likely to increase his influence with sensible men.

POOR-LAW MEDICAL RELIEF.

To the Editor of THE LANCET.

SIR,—I trust you will permit me to correct an error in your otherwise able abstract of my observations at the recent meeting at the Medical Club. I am made to say that there were 663 districts, of 15,000 acres, when it should have been above that amount. Indeed the huge area of many of the districts sanctioned by the Poor-law Board bears out fully all that has been advanced as to the ignorance of the department of the value of efficient medical relief, or, what is probably more correct, their utter indifference to the subject; the officials considering they have done all that is required when, some weeks after an intimation of a fresh appointment, they send down their approval.

I am, Sir, yours obediently,
JOSEPH ROGERS.

Dean-street, Nov. 14th, 1871.

THE ABUSE OF TITLES.

A General Practitioner complains that some M.D.s use their titles to the disparagement of general practitioners without degrees, and upon this plea recommends such practitioners upon the slightest grounds to use the title of "Doctor" and "Physician." We have no defence to make for the man who, possessed himself of a medical degree, disparages a medical man who holds a licence to practise different from his own. But the advice of "General Practitioner" seems to us bad in point of both taste and law.

Mr. G. B. Hay.—THE LANCET for the 21st October last contains the notice.

A Subscriber, (Liverpool.)—1. The constant current has been both recommended and tried in locomotor ataxy. Remak and others on the Continent and elsewhere have used it with some success.—2. Dr. Russell Reynolds has, we believe, just published a little book on the subject of Electricity in Medicine, which might prove useful to our correspondent in regard to the information he requires.

Mr. James Cornwall, (Swindon.)—As we do not know the facts of the case, our correspondent had better make application to the War Minister.

Dr. James Thompson.—January, 1871.

Mr. E. Bennett, (Worksop.)—1. Parkes's work on Hygiene.—2. Wormell's Course of Natural Philosophy.

MEDICAL ETIQUETTE.

To the Editor of THE LANCET.

SIR,—In reply to Dr. Royston's letter in your journal of the 28th ult., I beg to state that there was no mutual understanding between us that he should take charge of my practice, as I had no intention of going out of town. Dr. Royston called upon me the evening prior to his departure, which was on the 21st of August, and not the 1st, as stated, and gave me the names of five patients, three of whom only required to be seen: the first, a young dressmaker in the last stage of consumption; the second, an infant suffering from improper diet; and the third, a lady confined a few days. Two days after he left town, Mrs. S—— sent a message by her servant, wishing me to call upon her. I accordingly went, not knowing at the time that she was a patient of Dr. Royston; and on my inquiring into the history and symptoms of her case, she informed me that she had been under his care for about two months; that he visited her professionally two days before he left town, but he did not say a word to her about his going away, did not mention my name as his *locum tenens*, nor did he give her, or leave with his step-son (his pupil), the prescription which Dr. Fuller had given her when she consulted him in company with Dr. Royston about a week before she sent for me. At this she felt very much annoyed, and said that Dr. Royston should never attend her again. I endeavoured, however, to appease her grievance, and made an apology for Dr. Royston, stating that in all probability among his numerous patients he might accidentally have left her name out. I attended her, and the day before Dr. Royston's return I told her to overlook his apparent want of courtesy, and informed her that he would call upon her the following day, and I took my leave. In the evening, however, I received a letter from her, saying that she wished me to continue attending her. When Dr. R. ston called upon me the morning after his return, he showed me a letter which he had received from Mrs. S——, in which she stated that as she had derived more benefit from my treatment, she wished me to continue to attend her. She asked him to send in his account, and likewise the prescription which he obtained from Dr. Fuller; and, lastly, she exonerated me from all blame. When Dr. Royston showed me the letter, I said I was sorry that Mrs. S—— should prefer me to him, and asked him what I should do under the circumstances. He replied, "Well, I suppose you must attend her." He called, however, upon Mrs. S—— four times that day, four times the day following; and because she distinctly refused to see him, he subsequently called upon the landlady where Mrs. S—— had been previously residing, and asked her to use her influence in getting Mrs. S—— to see him; and it was at the landlady's house that he saw Miss S—— and her uncle, Colonel S——; but it was of no avail. In my visits to Mrs. S——, I frequently saw Miss S—— and her uncle; but not a word did they mention to me about Dr. Royston. I was much surprised, and not a little amused, on hearing for the first time, through Dr. Royston's letter, that Mrs. S——'s relatives complained of my treatment, and in allowing her to take whatever she wished. I think the approval of a medical man's treatment by the patient herself is far more preferable than the hearsay evidence of her relatives, with whom she was far from being on intimate terms.

Regarding Mrs. C——, the wife of a medical man. I was called in to see her about four days after Dr. Royston left town; and on inquiring into her case, she said she was much surprised at Dr. Royston going out of town, as he had promised to attend her in her confinement, which she was daily expecting. When Mrs. C—— first spoke to Dr. Royston about attending her, he at first hesitated, but after a little consideration he consented. She had previously spoken to a well-known surgeon residing at Greenwich, where she had been staying for him to attend her; but as she had not comfortable apartments she altered her mind, and preferred residing with her relatives in Bayswater. She was confined on the 2nd of September, after a somewhat tedious and lingering labour, she not having given birth to a child for fifteen years. I attended her daily up to Dr. Royston's return, when I wished her good-bye, and told her Dr. Royston would attend her. He accordingly called upon her, and, without making any inquiries into her case, ordered her to wean her child, to take immediately two glasses of sherry and a pint to a pint and a half of stout daily. I had been previously treating her in the opposite direction; for, though she had a somewhat troublesome labour, there was nothing whatever in her condition calling for a departure from the ordinary lying-in diet. After he had left she thought his treatment very strange, quite contrary to that which I had been pursuing; accordingly she consulted her relatives as to what she should do, whether to act on Dr. Royston's treatment or mine. After due deliberation she decided to dispense with Dr. Royston. Her sister-in-law accordingly wrote to him, stating Mrs. C——'s decision, and she likewise called upon me, requesting me to continue to attend Mrs. C——. I replied that I would first see Dr. Royston. He called upon me early the next morning, and showed me a letter which he had received from Mrs. C——, and said it was very strange that his patients preferred me to him. I replied I really could not avoid it, and asked him what I should do, and he, in a somewhat sharp and angry tone, replied, "Do as you like." In this dilemma I decided to attend her. Two months after I am accused of committing a breach of etiquette. *En passant*, might I not ask you, Mr. Editor, and your readers whether Dr. Royston did not commit a grave breach of professional etiquette in altering, without reason, the treatment pursued by another medical man, and that his *locum tenens*, "his friend and neighbour"? Had he not so unhesitatingly ignored my treatment, he would in all probability have continued to attend Mrs. C——. This patient has sent Dr. Royston a letter, corroborating my statement, and likewise exonerating me from all blame.

Concerning Mrs. M——, the daughter of a medical man, whom I attended in her accouchement. Immediately I received Dr. Royston's first letter, I went and called upon her, and read to her the passages of his letter which referred to her case, and she totally denied ever having said anything of the kind.

The fourth case, the mother of a lady whom Dr. Royston recently attended in her accouchement, and whom I was visiting. She never was a patient of his, and said she never wished to be. I saw her but a very few times.

The fifth case against me I know nothing about, and regarding the prescriptions, I beg to state that I did not in the least prevaricate, but distinctly told him they were destroyed, as I had not the opportunity of entering them in his day-book. I do not know what he wanted with them, as there were no patients on his list whom I attended requiring medicine on his return.

I should have answered Dr. Royston's letter had he not previously spoken to his patients of my alleged want of courtesy towards him. It would have redounded, I think, much more to his prudence and credit had he, before doing so, listened to both sides.

In conclusion, why Dr. Royston selected me, a comparative stranger to him, as his *locum tenens*, when he had so many old medical neighbours near at hand, I must leave your readers to conjecture.

Apologising for taking up so much of your space and time,

I remain, Sir, faithfully yours,

Mount-street, Nov. 11th, 1871. DELAMARK FREEMAN.

ERRATUM.—The deaths from scarlet fever at the London Fever Hospital last year, stated as "132" in Dr. Hogg's communication (p. 699), should have been "122."

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Barnes; Mr. Arthur; Dr. Burman, Wakefield; Mr. E. Simon; Mr. Wolverson, Alfreton; Mr. Wilson; Mr. Moore; Mr. Amwell; Mr. O'Shane; Mr. Park; Mr. J. Fowell; Mr. Seymour; Dr. Kloman; Mr. Morris; Mr. Horniblow, Shipston-on-Stour; Mr. Dexter; Mr. Harrison; Dr. M'Nab, Fettercairn; Mr. Campbell, Boston, Mass.; Mr. Stalfurth; Mr. Boileau, Barbadoes; Dr. M'Call Anderson, Glasgow; Mr. Spencer; Mr. Cornwall; Mr. Bader; Mr. Freeman; Mr. Humpey; Mr. Ellam; Mr. Farrow; Dr. Robson, Iver; Dr. Flicker, Berwick; Mr. Parry, York; Mr. Shaw, Chesterfield; Dr. Wolfe; Mr. Beynon; Mr. Lucas, Hull; Dr. Maclagan, Dundee; Mr. Tuckwell, Holywell; Dr. Hall, Burton-on-Trent; Dr. O'Leary; Mr. Hill, Hammersmith; Mr. Davies; Mr. Gray; Mr. Crane; Mr. J. Douglas; Mr. Perrin, Burnley; Mr. Brooke, Caxton; Dr. Grose, Gort; Mr. Mason; Dr. Sewell; Mr. Bellamy; Mr. Greathead; Dr. Werry, Constantinople; Mr. Sankey; Dr. Gull, Manchester; Mr. Lawson, Stow-on-the-Wold; Mr. Brunton; Mr. Laxton; Dr. Hogg, Brighton; Mr. Folkard; Mr. Davis; Mr. Tombs; Dr. Whitworth; Mr. Low; Mr. Hartridge, Shrewsbury; Mr. Trevelyan; Messrs. Fox and Co., Manchester; Dr. Gilruth, Edinburgh; Mr. White; Dr. Butler, Philadelphia; Mr. J. Thompson, Leamington; Dr. Wybrants, Shepton Mallet; Mr. Branston; Mr. Graham; Mr. Roberts; Mr. Perry; Mr. Ormsby, Stourport; Mr. Wilton, Gloucester; Dr. Dougall; Dr. Bottle, Wolverhampton; Mr. O'Reilly; Dr. Day-Goss; Mr. Willis; Mr. R. Bevan; Mr. Combe, Harborough; Mr. Browning, Oughtibridge; Mr. Parkin, Canterbury; Dr. Millar; Dr. Budgett, Sandown; Mr. Green, Wakefield; Mr. Marriner; Mr. Fawcett; Dr. Harding; Dr. Owen; Dr. Bateman, Londonderry; Mr. Heffernan, Spennymoor; Mr. G. R. Cooke, Greenhithe; Dr. Havard, Newport; Mr. Shaw; Mr. Watling; Mr. Miller, Ballincollig; Mr. Kennard; Mr. Collyer; Mr. Noakes; Mr. E. Greenford; Mr. T. Jones; Mr. Farrow; Dr. Griffiths; Mr. Carruthers; Mr. E. Bennett; Dr. M'Elroy, Zanesville; Dr. Balfour, Edinburgh; Mr. Beeward; Mr. Wilson, Southend; Dr. Haughton; Mr. Wilks; Mr. Woodhall; Capt. Hendrickson, Palermo; Dr. Woodward; Dr. Lyle; Mr. Barkus; Mr. Allan; Only a Country Doctor; A Would be Coroner; T. Y.; A Doctor's Wife; J. N. N.; X. Y. Z.; M. M.; Medicus; An Old University College Man; D. F.; A Lover of Justice; &c.

La Santé Publique, Manchester Courier, Allgemeine Weiner, Durham Chronicle, Medizinische Zeitung, Isle of Man Times, and *Brighton Gazette* have been received.

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CAUTION.

It having come to the knowledge of the Publisher that circulars have been distributed calculated to mislead advertisers as to the circulation of this journal, he feels it incumbent on him to state that its circulation very far exceeds that of any other medical periodical, and that it has for many years past steadily increased, and is still increasing.